Merci Company

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please removercarban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

8

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06972		CERTIFICAT	E OF DEATH	MD!	06955		
	PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	o. STATE	Where deceased lived, if institution b. COUNTY			
	b. CITY OR TOWN (write RURAL and	If outside carporate limits, dive nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside carparate limits, write RURA	and give nearest tawn)		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?		
	1	Holy Cross Hos	spital	9205	New Hampshire	Ave. YES NO		
	NAME OF DECEASED (Type or print)	EDIVIN First	M Sigherr	Last	4. DATE Manth OF DEATH	25 19 6 2		
S.	SEX	1./	MARRIED NEVER MARRIED	B. DATE OF BIRTH9/6/13		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.		
dur	ing mast of warking udit. Bure		106. KIND OF BUSINESS OR INDUSTRY Fed. Bureau of Ra	s. Pa.	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
		Scherr		Ethel	?			
		R IN U.S. ARMED FORCES? (If yes give war ar dates of serv	ice)	INFORMANT	Address			
N		(, , , ,	UNKNOWN	irs. Esther S	Scherr, 9205 New	v Hampshire Ave.		
		EATH (Enter anly one cause pe TH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH		
	PAKI I. DEA	IMMEDIATE CAUSE (a)	Carcinomatos	sis		ONSET AND DEATH		
	Conditions, if any, which gave) (b) Adenocarcinoms of Colon							
	rise to immediat	e (ause (a)	Adenocarcino	oma of Colon				
	stating the unde	rlying cause DUE TO						
	lost. (c) (c) PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY.							
NO	PERFORME?							
IG	20 - ACCIDENTINA		llateral lobular p		D-41 D-411-4 (4 10)	YES NO		
MEDICAL CERTIFICATION		SUNDERLYING () CLAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	, (Enter noture of injury in				
MEDICA	20c. TIME OF INJU Hour o.r p.r	URY Manth, Doy, Year n. 19		ACE OF INJURY (Home, farn ctary, street, office bldg., etc.		(County) (State)		
	21. I certi	fy that (I) (this haspital) attended the deceased fram_		196/ to 5/25			
	saw the d	eceased alive an	5/24 1967, and th	at death accurred at	12 374M, fram causes ar	nd an the date stated above.		
	22a. SIGNATURE	MAU	rupur.	A.D. PHYS.	DIRECTOR DIRECTOR DIRECTOR	22b. DATE SIGNED 5/25/67		
	22c. PHYSICIAN'S NAME (Type		oimo M D	22d. ADDRESS 8107 East	om Avo Cilvo	r Carina Md		
		TIOL COIL DITG			ern Ave., Silve			
230	 BURIAL, CREMATIC REMOVAL (Specify 	1	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town			
0.4	Bunial	5/28/67	Beth Tiloh	ace neces	Baltimore D BY REGISTRAR 2Sb. REGI	Maryland STRAR'S SIGNATURE		
24	. FUNERAL DIRECTO	00	ADDRESS E	1 %	IIAI a			
	reveso	m T Quels	recognition. Ca	. ON DATE	UN I 1967 0	Clerela Quela		

see Know 10 Empl 44.3% 92.95 Fax Sa 34 Kg Lvg. indamorros Conselvante Leuico Eu Haonistasomell

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06973

CERTIFICATE OF DEATH

06956

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institut b. COU	ion: Residence befare admission)
			MARYLAND	Maryland	b. COU	Montgomery
b. CITY OR TOWN	omery (If autside corporate limits,	c. LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If ou	itside carparate limits, write RUI	
Of ne	d give neorest town)	1 7	dav	Silver S	Spring, Md.	15.1
	TAL OR INSTITUTION (If not in I	pa-a		d. STREET ADDRESS	V 1 200 1 200 1	e. IS RESIDENCE
P - A . A . E . E . O	tgomery Genera			3640 Gle	en Eagle Dr.	ON A FARM? YES NO
3. NAME OF	First		Middle	Last	4. DATE Mont	h Doy Year
DECEASED (Type or print)	EDWIN	ALEXIS	SCHMITT		OF DEATH 5	21 . 19 67
S. SEX	6. COLOR OR RACE 7. !	MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
male	White W	IDOWED 🔀	DIVORCED [6/6/83	9. AGE (In years birthday) yrs.	Monnis Doys Hours Mill.
10o. USUAL OCCUPATIO	N (Give kind of wark dane	10b. KIND OF BUS	INESS OR	11. BIRTHPLACE (County	& Stote, ar foreign country)	12. CITIZEN OF WHAT
during most of working	glife, even if retired) Civil Engine	INDUSTRY	Govit	Missou	กร่	COUNTRY? U.S.A.
13. FATHER'S NAME	OTALL EURTHE	U.D.	dov.o	14. MOTHER'S MAIDEN		0,00011
				7	II Il la	
Estald S	chmidt ER IN U.S. ARMED FORCES?	16. SOCIAL SEC	IIDITY NO 17	INFORMANT	Hesselbach Addre	255
(Yes, no, or unknown)	(If yes give war ar dates of serv	rice)				
no		578-32		Medical Reco	ords, Olney,	Md.
	EATH (Enter anly one couse pe TH WAS CAUSED BY:	er line far (a), (b), ar	nd (c).)	1 1 11.	1	INTERVAL BETWEEN ON ET AND DEATH
PAKI I. DEA	IMMEDIATE CAUSE (a)		Lere	bral Tre	morthage	- I day
33		CA	1			
Conditions, if an	y, which gave) (b)_	3 H1	teriosel	ersis		years
rise to immedia		1 11				
last.	(c)	(140	1 per re	Slow		
PART II. OTHER S	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH E	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
20a. ACCIDENT W. OR CONTRIBUTION			Her of	- Diseas		PERFORMED?
S 200 ACCIDENT	AS UNDERLYING []		M INITIDA UCCHIDDED		Part I or Port II af item 18.)	is a second
OR CONTRIBUTING	G CAUSE OF DEATH	209. DESCRIBE HO	HINDRY OCCURRED.	(ciner halore or injury in	rail I of roll if at field 16.7	
	MEDICAL EXAMINER)				1001 (6)	(6.1)
20c. TIME OF IN.	IURY Manth, Day, Year .m.	20d. INJURY OCCU		ACE OF INJURY (Hame, farm tory, street, affice bldg., etc.		(County) (Stote)
P	.m. 19	at wark 🗀 at	work 🔲	1		21 10
	ify that (I) (this haspita		deceased fram_	Jun ,	1901, to May	4, 19 6 that (I) (we) last
	deceased alive an In a	461	1967, and the	at death accurred at	6 P M, fram causes	and on the date stated above.
220. SIGNATURE	1 1	1//		ATTENDING 🚙	MED. STAFF	22b. DATE SIGNED
14	whenh 4.	Jelu n	12 W	.D. PHYS.	DIRECTOR PHYS.	5/2/167
22c. PHYSICIAN				22d. ADDRESS		1 1 1
NAME (Typ	Dr. Richard	Vates		Sandy	Spring, Md.	
23o. BURIAL, CREMAT		23c. NA	ME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
Burial Specif		7 Ro	ck Creek	Cemetery	Washingto	on. D. C.
24. FUNERAL DIRECT	OR .	A	DDRESS	2Sq., REC'	D BY REGISTRAR 2Sb. AN	CHATRAR'S SIGNATURE
400 400 400 TO VALUE 1	. PUMPHREY,	Bethes	da, Mary	land MA	N 2 4 1967 25b.	march Just

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

Tack Tack To YAM Contact of the William A. A. 1996

The state of the s

A CANADA CONTRACTOR

DIVISION O

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0607/	CERTIFICATI	E OF DEATH		06957			
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	/here deceased lived, if institution:	Residence before odmission)			
	o. COUNTY	MARYLAND	a. STATE	b. COUNTY	1 Dov 11			
1	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	Maryland	Nontgome:				
	write RURAL and give nearest town)	C. LENGTH OF STATE IN 10	C. CITT OK TOWN (IT dut	iside carparate ilmits, write KUKAL	and give neorest tawn)			
L	Takoma Park	13 days	Deale		0 + 0			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
1	Washington Sanitarium and	Hospital	Route #1	Box 30	YES NO			
3.	NAME OF First DECEASED (Type or print) George	Middle (none)	Last Schmitz	4. DATE Month OF DEATH May	Day Year			
S.		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.			
Ŀ	Male White WIDOWED	DIVORCED	8-2-1900	last birthday) N	Nonths Days Hours Min.			
	a. USUAL OCCUPATION (Give kind of work done 10b. KII	ND OF BUSINESS OR		State, ar fareign country)	12. CITIZEN OF WHAT			
du		ousjry ntana	T7 L T7:		COUNTRY?			
13	. FATHER'S NAME	roccrap	West Virgi		Allerica			
17	August Schmitz . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 1	COCIAL CECURITY NO. 1.2	Mary Uf					
()	es, na, ar unknown) (If yes give wor or dotes af service)	SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	informant th Schmitz Racoscous Coxxx		Box 30			
	IB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	ediastin eptured excinoma	esophog	us + colon	Fl. Manths?			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(d)	PERFORMED? YES NO			
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE: OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	. (Enter nature af injury in F	Port I or Part II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 19 While p.m. 19	Nat While fac	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)		(Caunty) (Stote)			
	21. I certify that (1) (this hospital) attends saw the deceosed alive on May	led the deceased fram_ 1967, ond the	may 8 , 19 at death occurred of	16% to May 15 243 M, from courses on	d an the date stoted above.			
	220. SIGNATURE WED. STAFF MED. STAFF MED. STAFF MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DATE SIGNED 1967							
	22c. PHYSICIAN'S NAME (Type) W. W. Eastman		831 Univ	versity BludE.	Silver Spa. Md			
	D. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) May 18, 1967	23c. NAME OF CEMETERY OR Fort Lincol		23d. MOCATION (City or Town) Prince George	()			
3	4. FUNERAL DIRECTOR ONN B. Shows John B. Sho	8434 Georgia	ALLANGE 2Sa. REC'D	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE			
197	annah) Dumahkou Unc	- 1	DATE	- WT/	110 . 1447-60			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, yeithin 72 haurs after death VR A15 (4) 25M 1/67

Mar 11, 19 ... 19 July Line of Complete the Later of Complete Comp

	MAKILAND 3	IAIE DEPARTMENT	OF HEALIN	
DIVISION OF VITA	AL RECORDS, 301	W. PRESTON STREET,	BALTIMORE, MARYLAND	21201

06975	CERTIFICATE	OF DEATH		06958
1. PLACE OF DEATH o. COUNTY MON TGOMERY	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution:	Residence befare admission) TGOMERY
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) BETHESDA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	side carparate limits, write RURAL SDA	and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ve street oddress)	d. STREET ADDRESS 6603 TUS	CULUM ROAD	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print)	none SCH	INE IDER	4. DATE Month OF DEATH OF	Doy Year 2 19 6 7
S. SEX 6. COLOR OR RACE 7. MARRIED [WIDOWED]		B. DATE OF BIRTH SEPT. 10,1	9. AGE (In years	FUNDER 1 YEAR 1F UNDER 24 HRS. Ianths Days Haurs Min.
	ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County 8 CONNECTION	State, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S.	OCIAL SECURITY NO. 17. I	14. MOTHER'S MAIDEN N UNKNOWN NFORMANT DAUG	N	
(Yes no or unknown) (If yes give wor or dotes of service)	MRS	S. DORIS A		E #2 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)	ouic ly	uphatic	lluhem	onset and death 1 3 Years
OR CONTRIBUTING CAUSE OF DEATH	D DEATH BUT, NOT RELATED TO TO THE CONTROL OF THE C	re		19. WAS AUTOPSY PERFORMED? YES NO
(II CITICK, NOTIL (INCOTENC CAMMITTEE)	ed the deceased from 19 and that	at teath accurred at_ ATTENDING ATT	1 100017	(Caunty) (State) 1967, that (I) (we) last d an the dote stated abave. 22b. DATE SIGNED 57767 BETH., MD.
230. BURY (RECTY) 23b. DATE THEREOF 5-4-67	23c. NAME OF CEMETERY OR (FOREST LAW)	N CEMETERY		SS. CALIF.
24. FUNERAL DIRECTOR BERNARD DANZANSKY & SOI	ADDRESS NS WASH I			TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after deaths: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

CH. E.S. SUMPLU A BESON SEM THE RESERVE THE RESERVE OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06976

CERTIFICATE OF DEATH

06959

1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
	a. COUNTY Mantamary MARYLAND a. STATE TO STRICT of Columbia
H	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest tawn)
П	write RURAL and give nearest town) 4 WCEKS Washington, D. C. 473
1	d NAME OF HOSPITAL OR INSTITUTION (If not in basnital give street address) d STREET ADDRESS le. IS RESIDENCE
1	Nashington Sarratarium + Hospital 2920 CoRtland Place N.W. YES NO E
3	NAME OF First Middle , Lost 4. DATE Month Day Year DECEASED (Type or print) Ruth Coroline Schnelder DEATH May 19 1967
5	SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yeors / IF UNDER 1 YEAR IF UNDER 24 HI
	Temale White WIDOWED DIVORCED 0 6-11-88 last birthday) Months Doys Hours Min
	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? S.A.
-	HOUSE WIFE JRECK, I'C. U.S. A. SATHER'S NAME
1	Roloh L. Hall Sobbie Mit Kolh
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address M. W. D. C.
(Yes, no, or unknown) (If yes give war ar dotes af service) MR Ferd T. Sch Niedor 2920 Cortland Pla
F	18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	IMMEDIATE CAUSE (a) Olmorholy Chebral 3 dry
ı	3.3/X DUE TO
	Conditions, if any, which gove nise to immediate cause (a).
L	stoting the underlying cause DUE TO
L	lost. (c) Unlines selvous
l a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ATIO	YES NO {
CEDTICICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State)
MED	Haur a.m. p.m. 19 While Nat While of wark of
ı	21. I certify that (I) (this haspital) attended the deceased from 5/18/6/, 19 ata \$1,9/6/, 19, that (I) (we)
l	saw the deceased alive on 5/19/67 19, and that death occurred at 1 M, from causes and on the date stoted about
ı	22a. SIGNATURE ATTENDING MED. STAFF 22b. DAJE SIGNED
ŀ	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
,	22c. PHYSICIAN'S NAME (Type) Dr. A.W. Smith 13018-Ga, Are Silierspring, Md-
1	3g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	REMOVAL (Specify) Workship of D. C.
1	Burial 5_23_1967 Oak Hill Cemetery Washington, 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
0	95 CPh. Gawlares Jons, Winn. D.C. MAY 25 1967 Mclianles Judge
	TABLE WINES, ALVES, NAMES TOWNS AND THE TOWN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Lorsetta et atalie de desta la certa de seran ana impanal de la SUS L EL RESIDENTA EN EXECUTA DE SU EXECUTA DE SE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

		DIVISION OF VIII			LITTORE, MARTEAND	21201	
	06977		CERTIFIC	ATE OF DEAT	Н	กลงลก	
S.	PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outsi write RURAL and give d. NAME OF HOSPITAL OR CHAPTER OF TOWN ACCOUNTY NAME OF DECEASED (Type ar print)	INSTITUTION (If nat in hasp VAI/ey OLOR OF RACE 7. MAR WIDO kind of work dane	ital, give street address) Muchs ing Middle NEVER MARRIED	2. USUAL RESIDIO a. STATE 3. 4.6 b. c. CITY OR TOWN Was1 d. STREET ADDRE 3.4.2 Lost Schofiel 8. Date Of Birth May3 18 11. BIRTHPLACE (ENCE (Where deceased lived, 23 -	b. COUNTY write RURAL and give ner Manth A 4 Yeors IF UNDER 1 YEA thday) Manths Day	e. IS RESIDENCE ON A FARM? YES NO Day Year 19 AR IF UNDER 24 HRS. YS Haurs Min.
	Housewi:	re		Texas	AIDEN MAME		U.S.
'		mas Craycr	aft		ne Hare		
100	S. WAS DECEASED EVER IN U. Yes, na, ar unknown) (If yes	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Son C.Schofield	MOCKVIL	lea Dr. le, Md.
	PART I. DEATH WAR	DUE TO DUE TO O gove (b)	ingestive literos c	hoto/	est live	ase 1	ografi Ografi
CERTIFICATION	PART II. OMBR SIGNIFICATION OF CONTRIBUTING CAL	raley at	IN TO DEATH BUT OF RELATION OF THE PROPERTY OF	selvios	is	1	19. WAS AUTOPSY PERFORMED? YES NO
MFDICAL C		anth, Day, Year	Od. INJURY OCCURRED 2: While Nat While twark at wark	De. PLACE OF INJURY (Hom factary, street, office bld		town) (County)	(State)
	21. I certify the saw the decests 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (H) Ithis haspital) a	ttended the deceased fro	d that death accurred M.D. ATTENDING PHYS. 22d ADDRES	MED. ST. DIRECTOR PH	causes and an the causes and an the causes and an the causes and an the causes are caused as the causes are caused as the causes and an the causes are causes and an the causes are caused as the caused are caused are caused as the caused are caused are caused as the caused are caused as the caused are caused as the caused are caused are caused as the caused are caused are caused as the caused are caused and caused are caused are caused are caused are caused are caused	
BI	3a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 5-5-67		n Natl Cen		ton, Virg	
	24. FUNERAL DIRECTOR ROBERT A.	PUMPHREY,	Bethesda, M		MAY 8 1967	25b. REGISTRAR'S SIGNA	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after decor

THESE SO SHOWING IN THE STATE OF THE STATE OF There is a serious and the ser ARTER TO SERVICE TO SERVICE THE TOWN THE SERVICE TO SER MARKET A. MARTHER, Lottoneder, Survilana, MAYS - 983 ARTERIA

, J-	I	te	18&21 F	ilm 390 Guyision of		RYLAND STA CORDS, 301 W				ARYLAND 21	201		
FOR S	(IE)	,	06978		MEDI	CAL EXAMI	NER'S					0696	1
HEALIH	ØĘ₽1. ≅	1. P	COUNTY -	men		MAI	RYLAND	2. USUAL RESIDE	0		nstitution: Resid . COUNTY	ence before odn	nission)
ry deloy is 2, and 3 to PM3. Page	tment	Ь	CTIY OR TOWN (If pussion write PHEAL and give r	de corporate limits learest tawn)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		porote limits, wri		ive neorest tow	vn)
1, 2, m	Depor	1	NAME OF HOSPITAL OR I		n hospital, gi	ve street oddress)		d. STREET ADDRE	55	7	n.w		RESIDENCE NA FARM?
fter death. I Give Poges ong with far	State	3. N	AME OF ECEASED	First		Middle	1,	Lost	4. DA		Month	Doy	Year
ofter death 8. Give Pog olong with	with The State Deportment of	(ype or print) 6. (O	LOV R RACE 7	. MARRIED	NEVER MARRI	- P	. DATE OF BIRTH	DE	9. AGE (In ye		R I YEAR IF U	JNDER 24 HRS. ours Min.
hours Item 18 Office o	es land2 v after deoth		USUAL OCCUPATION (Give In ground of working life, ever			DIVORC D OF BUSINESS OR USTRY	ED	11. BIRTHPLACE			yrs. 12.	CITIZEN OF WHA	AT
5 L S	oges l s after		FATHER'S NAME	<u>e</u>	IND	031K1		Mass				U.	S.
d within in pencil Examine	File poges 2 hours affe	15	WAS DECEASED EVED IN HIS	John Sch	T 16 S	OCIAL SECURITY NO.	17 [1	Diane	e Demp	sey	Address		
executed anding" in Medicol E	permit. 1 within 72	(Yes	, no, or unknown) (If yes	give wor or dotes of s	ervice)	None		hn Scho		Sam	e as	Item 2	
"pe	fronsit permit. Fi event within 72		18. CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse CAUSED BY: IMMEDIATE CAUSE (o)	A	o), (b), ond (c).) ute inte	rstit	ial vira	al pne	umoniti	s		AND DEATH
wor	burial-tronsit any event		Conditions, if ony, which										
0 F +	as o bu		rise to immediate caus stating the underlying lost.										
	used oval,	TION	PART II. OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING T	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEA	ASE CONDITION	GIVEN IN PART 1	(o)	19. WAS PERI YES D	S AUTOPSY FORMED?
This ficote	or	CERTIFICATION	20o. EXTERNAL CAUSE WA PRIMARY ☐ OF CONTRIBU CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter noture of inj	jury in Port I or	Port II of item	18.)		
EXAMINER: tute the cert oge 4 should	your mes Page 3 sho cremation,	MEDICAL	20c. TIME OF INJURY Me Hour o.m.	onth, Doy, Yeor	20d. IN While ot work	JURY OCCURRED Not While of work		E OF INJURY (Homory, street, office bld		Of. (City or to	wn) ((County)	(State)
EX/ ecute Poge	R. Pac		21. I certify tho	1 Book charge	af the rem	oins described	_ /	/		ectian 🔀	Inquiry	and in	my opinio
Ise exector.	FUNERAL DIRECTOR: eoith prior to buriol,		deoth resulted tr	Matural Natural	causes 🔀	Accident [Suici		nicide 🔲, IEDICAL EXAMIN	Undetermin ER 🔲	ed manner		
ry MEDI 7, please rol direct	RAL DIRECT prior to bur		ACTUAL SIGNATURE	elden	1	f fly	ap	_ III. D.	NT MEDICAL EXAM	Name of the last	5/2	7/10	DATE SIGNED
O DEPUTY necessory, p the funerol	O FUNER Heolth p		EXAMINER'S RAME (Type) BE		K	NET	4P,1	4, D Address	Asha ay be	or county)	// 04	1/1/	(6 /
TO L	10 F	Bu	BURIAL, CREMATION, REMOVAL (Specify)	5-31-0			metery or meter	У	I	rances	stown,		(State)
VR A1	5ME (5) 1/67	24 R	OBERT A.	PUMPHREY	Y, Be	ADDRESS		2Sc	D. REC'D BY RE	gistrar 1967	Sb. REGISTRAR	S SIGNATURE	ie.
		1											

mondamed 31 of Med Sec. Mechanica DOIA Comments 522 March Comment of the State of the Comment of th They did love Schatt - 5 = 5 28 7- 65 32 . I sail as such direct white BRIGHLAS CHEEK, , but he can, Morroster Jimes Can

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0697	9	CERTIFICA	TE OF DEATH ACCORD					
PLACE OF DEATH O. COUNTY	Montgomery	r MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE					
b. CITY OR TOWN write RURAL or Bethesd	(If outside corporate limits, and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Arlington 83-3					
	TAL OR INSTITUTION (If not in		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Naval H	ospital		520 South Courthouse Road YES NO K					
3. NAME OF DECEASED (Type or print)	First Eric	Rhinehart	SCHUELER III May 22 19 67					
S. SEX Male	Come	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH April 16, 1939 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. M					
100. USUAL OCCUPATIO	N (Give kind of work done life tven if receding the corps	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	nehart Schuel		Jacqueline Smith					
(Yes, no yer unknown)	(It yes give wor or dotes of se	rvical	7. INFORMANT Road, Arlingtoffdress Va. Irs. Gloria J. Schueler, 520 South Courthous					
Conditions, if on rise to immedio stoting the undulast.	y, which gove the couse (o), erlying couse (c).	Granulocytic l	eukemia, acute relapse INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
NOTA LIVE OF LEEK 2	SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ** NO					
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)					
Hour o.	.m. 19	While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)					
saw the o	21. I certify that (f) (this haspital) attended the deceased from April 2, 1967, to May 22, 1967, that (x) (we) last saw the deceased alive an May 22 1967, and that death accurred at 1035AM, fram causes and an the date stated abave.							
	220. SIGNATURE M.D. ATTENDING MED. STAFF May 22, 1967 M.D. PHYS. Director PHYS. Date signed May 22, 1967							
22c. PHYSICIAN' NAME (Type	R. J. KINNE	Y M. D.	Naval Hospital, Bethesda, Md					
230. BURIAL, CREMATI REMOVAL (Specif	<u>Y</u>)	Wisconsin Me	morial Cemetery Brookfield Wisconsin					
1ves Fune:	ral Home, 284	7 Wilson Blvd. Ar	lington 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any evert, within 72 hours after death

VR A15 (4) 20 M 1/66

(Turum) Telescope

SHOE SHARE THE HE SHOW THE

mit all emit aumont - -

AV TO STATE OF THE PARTY OF THE Marin Christa J. Controls; S. Cauch Courteman

country that a december, bout a common

The Artist by H process take posts farmer and

Erla Hatrelar, Second C. ...

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06980			CERTIFI	CATE	OF DEATH				620	
	COUNTY MO	NTGOMERY		MARYL	AND	2. USUAL RESIDENCE (W o. STATE VIRG	here deceos	ed lived, if institut b. COUI	ITY	e before o	
b	CITY OR TOWN over the RURAL on BETHE	(If outside corporote limit digive nearest town) SDA	s,	c. LENGTH OF STAY IN 1 DAY	1b	c. CITY OR TOWN (If our ALEXANDR	_ '	te limits, write RUI	RAL ond give	neorest to	own)
d		TAL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS				е.	IS RESIDENCE ON A FARM?
	NAVAL :	HOSPITAL				808 TIMBER	BRAN	CH PARKW	AY		S NO T
0	NAME OF DECEASED Type or print)	JOH	irst IN	Middle DAVID		Lost SEARLE	4. DATE OF DEATH	Mont MA		Doy 21	Year 19 67
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	. DATE OF BIRTH	9	. AGE (In years lost birthdoy)	Months 1	-	F UNDER 24 HRS Hours Min.
	MALE	CAUC	WIDOWED	DIVORCED		10 JUNE 196	3	3 yrs.	Monning	5073	min.
		N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		HONOLULU,				IZEN OF W	VHAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
	WILLARD SEARLE JR.					NORMA JEA	N WIL	SON			
15. (Yes	WAS DECEASED EV s, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.		IFORMANT VILLARD SEAF	LE JR	808 Addre	ALEXA		
	conditions, if any rise to immedio stoting the undelast.	te couse (o), erlying couse	(b) 10 (c)	Acute leuk		HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(o)		19. W	VAS AUTOPSY
VIION	- 4	olism								PE	ERFORMED?
CERTIFICATION	20o. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in F	Port I or Por	t II of item 18.)			
MEDICAL	Hour o.	URY Month, Doy, Year m. 19	20d. If While at work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)	-	(City or town)		inty)	(Stote)
	21. I cert	ify that 🎕 (this ha	spital) atten	ded the deceased f	ram			o 21 MAY			t (51) (we) lo
			21 MAY	19_ 67 _, ai	nd that	death accurred at	2155	, fram causes			
	22o. SIGNATURE	Jerny	J. Lon	nasovie	M.D	111101	MED. DIRECTOR	STAFF PHYS.		May	
	22c. PHYSICIAN' NAME (Type		Tomasov	ric, M. D.		22d. ADDRESS Naval	Hospi	tal, Bet	hesda,	Md.	
230.	BURIAL, CREMATI		FIGT	23c. NAME OF CEMET ARLINGT		REMATORY AT L CEMETE		CATION (City or To ARLINGTON	1	(County)	(Stote) VA
	FUNERAL DIRECT		/	ADDRESS		1	BY REGISTE	0.007	GISTRAR'S SI	GNATURE	
F	VERLY WI	EATLEY FUN	ERAL HO	ME 1500 W.	BRA	DDOCK MAY	2 4 19	167 Jec	carles	Joseph J.	7

VR A15 (4) 20 M 1/66

ALEXANDRIA,

VA.

1,1 the second of the second of the second of The was to the second of the s And the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		06981 MEDICAL EXAMINER'S CERTIFICATE OF DEA	\TH	06964
EALTH ONT.		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where date O. STATE	eosed lived, if institution: Resid b. COUNTY	dence before odmission)
delay and 3 M3. Pa	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peaced town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN IT outside corporate in the corporate	prote limits, write RURAL and g	give nearest town)
death. If any delay re Pages 1, 2, and 3 with farm PM3. Pa he State Department	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 33/1-12	la mor	e IS RESIDENCE ON A FARM?
death with f	/- i	NAME OF First Middle Lost 4. DATE OF OF OF OF DECEASED (Type or print)	721-	Doy Year 2 1967
hours after death Item 18. Give Pag Office along with I and 2 with the Sta r death.	_	SEX 6. COLOR OF RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH MIDDEL WINDOWED DIVORCED 3-15-91	9. AGE (In years IF UND) last birthdoy) Months	
the s		50. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign INDUSTRY) 11. BIRTHPLACE (Stote or foreign INDUSTRY)		COUNTRY?
within 24 In pencil in Examiner's File pages I hours afte	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 12. DNKNOWN		
i i i i i i i i i i i i i i i i i i i		S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT	5030dress ///	Insticted,
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CETED FO! Thram-Cosis		ONSET ON DEATH
war war the rrial-		Conditions, if ony, which gove rise to immediate couse (o). (b) Cerebral Arteriosale	rosis	10 80.
ficate ing th rded t as a and ir		stoting the underlying couse DUE TO Caddio Vasculor Dis	'esse_	years.
S O T	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI		19. WAS AUTOPSY PERFORMED? YES NO
ER: Thi certificat auld be es. hauld be n, ar ren	AL CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
XAMIN te the yaur fil yage 3 s rematia	MEDICAL	p.m. 17 of work of work	. (City or town) (County) (Stote)
CAL E. executar. Page ed far CTOR: Purial, a		4	ctian 🔀, Inquiry 🗷 Undetermined manner	, and in my opinion
Y MED please al direc retain AL DIRE		ACTUAL SIGNATURE 9-Ball M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAM	INER -	22. DATE SIGNED
o DEPUTY necessary, p the funeral s may be re y FUNERAL Health priar	230	EXAMINER'S NAME (Type) 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d.		(County) (State)
TO FU		REMOVAL (Specify) L 5-4-67 BNA1 ISRAEL CEM - 230. 24. FUNERAL DIRECTOR ADDRESS 25. NAME OF CEMETERS OF CHARACTERS OF CEMETERS OF CEMETE	DXON HI	LL - MD
VR A15ME (5)			STRAR 2Sh REGISTRAR	en juste

30 The second second Cerepros Throndon 2015 Cerebral Arteriosaleresis 15 80 2083Y CoAdio Vascolor Disease

string of really 1981 of Vill

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06982 OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND CONTSOMER b. CITY OR TOWN of outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) ent, within 72 hours popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3. NAME OF completely DECEASED (Type or print) DEATH S. SEX 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH remove lost birthday) and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) during most of working life, even if retired) overnment 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, MES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service burial, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the o IMMEDIATE CAUSE (a) DUE TO MYOCARDIAL INFARCT Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause ERTENSIVE CARDIO by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION Health 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) Hour a.m. factory, street, affice bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram. be retained 19 6 2 and that death accurred at 750PM, fram causes and an the date stated above. saw the deceased alive an 5-7 22a. SIGNATURE UNIVERSITY 22c. PHYSICIAN'S

director, page should be filed VR A15 (4) 25M 1/67

NAME (Type)

23b. DATE THEREOF

23a. BURIAL, CREMATION,

buria. 24. FUNERAL DIRECTOR

REMOVAL (Specify)

23d. LOCATION (City or Town) Prince Georges

SPRING

(County)

e. IS RESIDENCE ON A FARM?

YES NO R

Year

1965

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(State)

Months

Days

12. CITIZEN OF WHAT

COUNTRY?

Washington.

02/0

23c. NAME OF CEMETERY OR CREMATORY

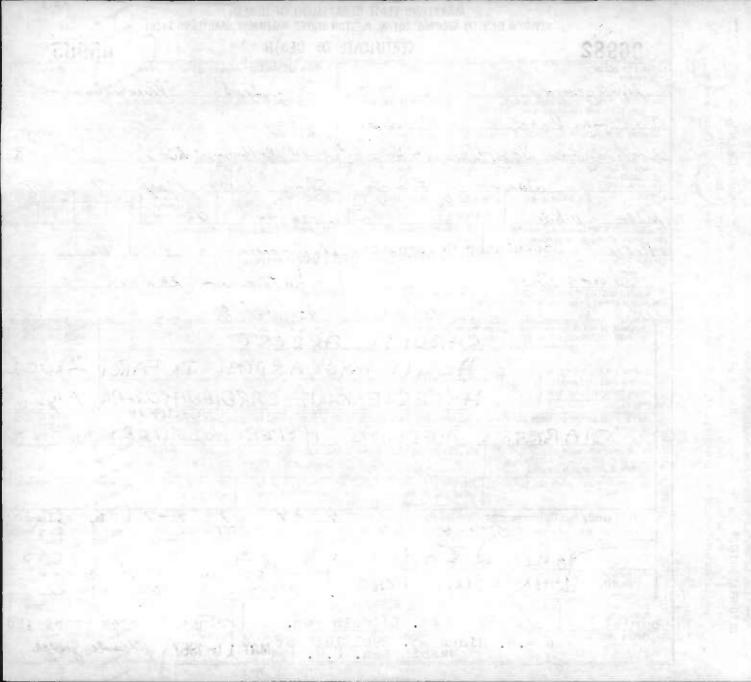
Ft. Lincoln

REC'D BY REGISTRAR

SILVER

Cem.

(County)



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department Health priar to burial, cremation, or removal, and in any event within 72 haurs after death. 06983

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06966

		00000	/
			USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give project stown)	CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town)
0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	STREET ADDRESS () e IS RESIDENCE
	1	Superhan Haspital	3800 Parter St - NW ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print) SALLIE Middle SHEN.	Lost 1. DATE Month Doy Year OF DEATH MAY 10 1967
	S.		ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and Digital In years IF UNDER 24 HRS Months Days Hours Min.
-	duri	o, USUAL OCCUPATION (Give kind of work done uring most of forking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.		MOTHER MAIDEN NAME
		Mm. T. Dey	Lally C. Bocum
	IS. (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	Saughter- Mes. Lash New London, N. it
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary insufficies	ncy 300st AND DEATH
		DUE TO	· · · · · · · · · · · · · · · · · · ·
		Conditions, if ony, which gove (b) Generalized arterio	sclerosis, severe
		stoting the underlying couse CC CC	
,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	PERFORMED?
/	CERTIFICATION	Fracture pelvis, uremia due to arterial. 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter	r noture of injury in Port I or Part 11 of item 18.)
			along street couring fraction of Pelicis
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED While of work of w	FINJURY (Home, farm, street, office bidg., etc.) Washington (County) (State)
		21. I certify that I taak charge af the remains described abave, held a	ın Autapsy 💢 , Inspectian 💢 İnquiry 📝 and in my apinia
		death resulted fram: Natural causes 🔲, Accident 🔀, Suicide (
		ACTUAL SIGNATURE John S. Bell	CHIEF MEDICAL EXAMINER
0		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
X	230	BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CAME OF CREM.	
		CREMOVAL (Specify) on May 12, 1967 Ft. Line	elN PriGeo, Co., Md.
,		N. W. Chambers Q. INC 3072- M St. Sh. 7	S.c. DATE MAY 15 1967 Clearles years

A15ME (5)

A solination Ledwin perpited 300 late It IT IT SPELLIE 2. SHEMWELL ... WELL 10 ER timele. 11 tite x 6-13-1875 81 Justin La The second of th Butter & and the property of the property of the same of the sa 24007 Full sepher realling about street street factor of Proces " send " Williams DE John of Bell 12 1 11 June X

ı , ı	tems 18&21 Film 390 7-10-MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH OI W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE			6967
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND		ince Georges
e 5 %	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	162
If any of all all all all all all all all all al	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Holy Cross Hospital	d STREET ADDRESS 426 Ridge Rd., #8	e. IS RESIDENCE ON A FARM? YES NO K
Page vith fa	3. NAME OF First Middle	Lost 4 DATE Month	Doy Year
24 haurs after death. If to in Item 18. Give Pages 1, r's Office along with farm ss land 2 with the State De ny event within 72 hairs	(Type or print) David William S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED	Silverstein OF DEATH May B. DATE OF BIRTH 9. AGE (In years IF UNDER	
haurs a Item 18. Office al I and 2 w event w	Male White WIDOWED □ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	8/4/66 lost birthday) wrs. 8 11. BIRTHPLACE (Stote or foreign country) 12. Cl	Doys Hours Min 1
	during most of working life, even if retired) INDUSTRY Infant	Palo Alto, Calif.	USA
d within 24 in pencil in Examiner's (Examiner's Caminer's Caminer's Caminer's Caminer's Caminer's Caminer's Caminer Ca	13. FATHER'S NAME Morris Silverstein	14. MOTHER'S MAIDEN NAME Martha Wachtel	
executed within ending" in pencil f Medical Examine it permit. File pagiremaval, and in a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). If they give wor or dotes of service). 16. SOCIAL SECURITY NO. 17.	INFORMANT Father, Address 42	6 Ridge Rd.
be "pe "pe nief or r	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congenital pol	lycystic kidneys with	INTERVAL BETWEEN ONSET AND DEATH
ate shauld be e 3 the ward "per 1 to the Chief I 2 burial-transit cremation, or re	Conditions, if ony, which gave (b) renal hy	ypoplasia	
0	rise to immediate couse (o), stating the underlying couse lost.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
Lijiga Bra	PRIMARY Or CONTRIBUTING O	D. (Enter noture of injury in Port I or Port II of item 1B.)	Tennal Control
N o S I S I	20c. TIME OF INJURY Month, Doy, Yeor While of work at work for	LACE OF INJURY (Home, farm, 20f. (City or town) (Constraint, street, office bldg., etc.)	ounty) (Stote)
at Sa da	21. I certify that I took charge of the remains described above, h	neta an Autopsy 🔼 , Inspection 💭 , Inquiry 📐 , iticide 🗍 , Hamicide 🗍 . Undetermined manner	and in my opinian
EPUTY MEDICA sssary, please er funeral directar. ay be retained INERAL DIRECTO	ACTUAL SIGNATURE Selection Sold Bar	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY M necessary, ple the funeral dii 5 may be ret 5 FUNERAL DI Health or its o	EXAMINER'S BELDENLK, REST	M, Daddres (Street, Hit, Town, for county) May	1, 1967
TO DEPU necessa the fun 5 may TO FUNE Health	230. BURIAL (CREMATION, BEMOVAL (Specify) May 2, 1967 Crescent Bur		(County) (Stote)
VR A15ME (5) 6M 1/66	24. FUNERAL DIRECTOR Hebrew Memorial Funeral Home, Wash., DC	DOG DEC'D DY DECICTOAD OCH DECICTOAD'S	IGNATURE
6	43	20012	

undigen grave and le company and le

Indent Folo alto, deliff.

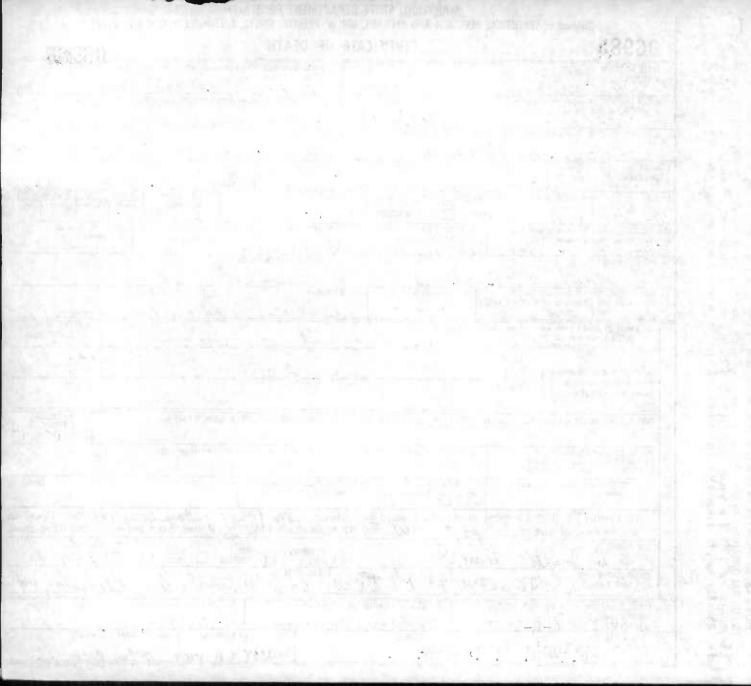
Morris Ellygration Harris makes Endown, (mi side mi. Perrin Milyprotein vir en 112, Ma.

From the secretary of the secretary of the second of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06985 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence PLACE OF DEATH b. COUNTY o. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND OF Olumbia after 160MER by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) re carbon papers. Pag went, within 72 hours 3 days ETHESDA ASHINGTON filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X carbon 3. NAME OF First Middle Lost DATE Doy Year pletely DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 FIRS 7. MARRIED **NEVER MARRIED** lost birthdov) Months Dovs Haurs remai and in any WIDOWED DIVORCED 0 pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY physician FINANCIAL ENNA 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar remaval, en attending p 1 moso No WAS DECEASED EVER IN U.S. ARMED FORCES? IK SOCIAL SECURITY NO. 17. INFORMAN Address permit. (Yes, na, or unknown) (If yes give war ar dates of service signed by the atter burial-transit permi burial, crematian, a and WAR INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse the **DIRECTOR:** After this certificate has been State Dept. af Health priar to ATTENDING PHYSICIAN: The law last. OS WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMEO? YES L NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur o.m. Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram may M, fram causes and an the date stated above. and that death accurred lat saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS director, page should be filed TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL SEPT NAME (Type) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9-1967 Cemetery Rockville removal 24. FUNERAL DIRECTOR 256. REC'D BY REGISTRAR Sons, swler s

VR A15 (4)



Įt

ems	18 18&21 Film 389 6-6-MARYLAND STATE DEPARTMENT OF HEALTH											
	Div	ision of S	TATISTICAL	RESEARCH /	AND R	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

STATE		06986	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		6969
H DEPT		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed		befare odmission)
Page ent af death.	'	O. COUNTY MONTGOMERY	MARYLAND	O. STATE MARYLAND	b. COUNTY MON	TGOMERY
Page nent af death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate		
m PM3. Pa	1	SILUER SPRING	2 hours	WHEATON	Silver Spr	na 151
m Depo		d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
de la	L	HOLY CROSS HO	SPITAL	12004 CHARLE	5 ROAD	YES NO
with farm PM3. ne_State Departme 72 hours after d		NAME OF First DECEASED	Middle	Losi 4. DATE OF	Month	Doy Year
B & &		(Type or print)	N 7 SX	AMIN DEATH	AGE (In years IF UNDER)	
along with with	S. :		HEVER MARKIES -		lost birthdoy) Months	Doys Hours Min.
and 2 v	-	L WALLE	DOWED DIVORCED DIVORCED DIVORCED	1). BIRTHP ACE (Stole or foreign cour	- 25 / yrs. 12 CITI	ZEN OF WHAT
Office land even	duti	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	INDUSTRY	44 44 4		NTRY?
pages I in any		FATHER'S NAME	Colonial Cleaners	New York 14. MOTHER'S MAIDEN NAME	u,	.S.H.
pod in	1			Unknown		
Exan File and		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	
al, alt		es, no, or unknown) (If yes give wor or dotes of servi	Van	chael Wood	2004 Charles	Road
f Medical it permit. remaval,		No None 18. CAUSE OF DEATH (Enter only one couse per		Crime C Wood	ilver Spring,	INTERVAL BETWEEN
ansit ar re		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Intracranial he	morrhage due to		ONSET AND DEATH
Chi -trai		330 X DUE TO				
ed to the Chief a burial-transit cremation, ar re		Conditions, if any, which gove) (b)	runtured Berry	aneurysm.		
d bu		rise to immediate couse (o), DUE TO		,		
de de		last. (c)	right middle ce			
arwarde used as burial,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION					YES NO
uld be s. auld k priar	RTIF	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port I	of item 18.)	
shauld be files. 3 shauld be ent, priar to	AL CE	CAUSE OF DEATH.	DOL INTUDY OCCUPATED DO DIA	CE OF INJURY (Home, form, 20f.	(City or town) (Cour	nly) (Slote)
e 4 sha our file ige 3 sh agent,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City of fown) (Cool	(21016)
Page 4 or your R: Page ted age	2	p.m. 19	of work U at work U	, , , , , , , , , , , , , , , , , , ,	Van Insuin Van	
irector. Pagained far y RECTOR: Pa designated		21. I certify that I toak charge of death resulted from Natural cau	_ / /		determined manner	and in my opinian
ector ned ECT ssign		death resulted from: Natural cau	ises XI, Accident I, Suic	CHIEF MEDICAL EXAMINER		
Il dire retoi L DIR its de		ACTUAL SIGNATURE SIGNATURE	K/Dan	M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
eral	Н	EXAMINER'S TO SA	11 (0000	DEPLITY MEDICAL EXPAINER	\$ 5770	11917
the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR. Page Health or its designated age		NAME (Type) SELDEN	N. XIEHP, 1	7. D. Address (Street, City, fown, or		11101
the S m Hea	230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			County) (State)
7	11		1967 St. Patrick			CNATURE
VR A15ME (5)	192	huners director	Pary 8434 Georgia A	venue 250. REC'D BY REGISTRA	021 6	
6M 1/66	Ma	irner E. Pumphrey, Inc	Silver Spring.	MAY 2 5 19	6/ Junances	

Therefore the same the state of the s Hay Cours Harreson 1204 Comme some 1140 1 STAPLE ST. The construction of the second
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	the funeral	iges I apd 2	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feather	1)
	filled in by	n papers. Pa	ithin 72 hour	68
	nd campletely	emave carbo	any event, w	Zms
	physician an	hen please Tr	naval, and in	AMINER
	the attending	isit permit. I	natian, ar ren	CAL EX
g physician.	n signed by	e burial-tran	a burial, crer	MEDIC
or attendin	ate has bee	or use as the	lealth priar t	HITH
Page 4 may be retained by the haspital or attending physician.	ter this certific	e detached fo	tate Dept. af H	CLEARED WITH MEDICAL EXAMINERIMS
be retained b	JIRECTOR: Af	te 3 shauld b	ed with the S	
Page 4 may	O FUNERAL I	director, pag	shauld be fil	D
140	1	E 1 .		IH.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

06987			CERTIFICATE	OF DEATH		069	170
PLACE OF DEATH					Where deceosed lived, if institut		re odmission)
o. COUNTY Mo	ntgomery		MARYLAND	o. STATE	b. (001 and	Montgo	merv
b. CITY OR TOWN ((If outside corporate limit	s, C.	LENGTH OF STAY IN 1b		itside corporote limits, write RU		
	d give nearest tawn) Iver Sprins	*		Kensi	ington	15	. /
d. NAME OF HOSPIT	TAL OR INSTITUTION (If n	at in haspital, give s	treet oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Но	ly Cross Ho	ospital		4012 Dec	catur Ave.		ON A FARM? YES NO TO
. NAME OF		irst	Middle	Lost	4. DATE Mon	th Do	y Year
(Type or print)	Alt	ton	L	Smith	OF DEATH May	. 6	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	WIDOWED 🗍	DIVORCED	12/13/09	lost birthdoy) 57 yrs.	Months Doys	Hours Min.
Oo. USUAL OCCUPATION	N (Give kind of work done		F BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN O	
luring most of working CIA	lite, even it retired)	Gover	rnment.	Henders	on. N. C.	COUNTRY	II S
13. FATHER'S NAME				14. MOTHER'S MAIDEN N			
Charle	s Jefferies	Smith		Cora Pod	าไ		
C IMAG BECEACED DA	TO INLIE ADVISE FOR STAR	11 0001	L SECURITY NO. 17.	NFORMANT	Addre	Kens.,	Md.
Yes	(If yes give wor or dotes	or service \$83-0	09-2089 Mr	s. Rose Smit	th - 4012 Deca		
18. CAUSE OF D	EATH (Enter only one con	use per line for (o), ((h) and (s))			I IN	TERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY:	(0) ARTER	10 SCLERO	TIC HEAV	RT Disea	se s	SET AND DEATH
4200	DUE						
Conditions, if ony		(b)					
rise to immediat		ТО					
last.)	(c)					
PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19.	WAS AUTOPSY
	10 150-)	PERFORMED? /ES NO NO
20o. ACCIDENT WA		20b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item IB.)		
	CAUSE OF DEATH						
20c. TIME OF INJ	URY Month, Doy, Year	20d. INJURY		CE OF INJURY (Home, form		(County)	(Stote)
Hour o.	10	While of work	Not While at work	ory, street, office bldg., etc.)			
				Symme - 1	966 to 5/6	. 1967. tl	hat (I) (we) last
	eceased alive an_	5/6	1967, and tha	t death accurred at	855 PM, from causes	and an the da	te stated above
22o. SIGNATURE	1	. 1		ATTENDINA	HED STAFF	22b. DATE SIGN	NED
/	riland	0 DV 0	lleM.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	5/7/6	
22c. PHYSICIAN'S		4 les	- 1	22d. ADDRESS	را مم ار	10 110 - 1	0
NAME (Type	KICHARD	F7. 100		10400 (BAN	PECTICAT AVE, K	ensing to N	me
230. BURIAL, CREMATIO		EREOF 23	C. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (Count	y) (Stote)
Burial Specify	5-10-	67 B	altimore N	atl Cem.	Baltimore	, Mary	Land
24. FUNERAL DIRECTO			ADDRESS	2So. REC'D	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATU	IRE
ROBERT A	• PUMPHRE	Y, Beth	esda, Mary	land DATE MA	AY 1 1 1967	Mintes	Jesos de

Sudding Salo-CX - Baltimore Fath Aem. | Extinction - Line of the contract of t

BONETE WAS ENGINEER. L'ARREST DE CONTRES CONTR

MARYLAND STATE DEPARTMENT OF HEALTH

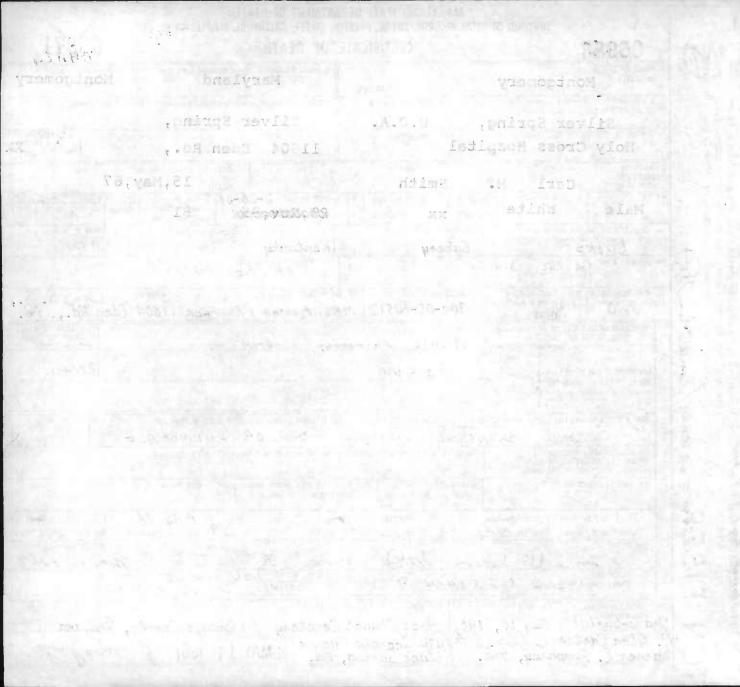
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08971

0038	8	CERTIFICA	IE OF DEATH		00	911			
	Montgomery	MARYLAND	a STATE Mar	-	Nont Mont	gomery			
b. CITY OR TOWN	(If autside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside carparate limits, write	RURAL and give near	est tawn)			
Si	lver Spring	D.O.A.	Silve	er Spring,	15-1				
d. NAME OF HOS	PITAL OR INSTITUTION (If not in Cross Hosp	haspital, give street address)	d. STREET ADDRESS	Eden Rd.,		e. IS RESIDENCE ON A FARMS YES NO			
3. NAME OF DECEASED (Type or print)	First Carl H.	Middle Smith	Lost		ay,67				
S. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED NOT NEVER NEVE	8. DATE OF BIRTH 2-	26-86 9. AGE (In years	Manths Days	IF UNDER 24 HRS.			
10a. USUAL OCCUPATE during mast of yarki	ON (Give kind af wark dane ng lite, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (Count Kentucky	ty & State, ar fareign country)	12. CITIZEN (COUNTRY				
13. FATHER'S NAME	GEORGE SMI	TH	14. MOTHER'S MAIDEN	NAME NIE MOORE					
15. WAS DECEASED I	VER IN U.S. ARMED FORCES? (If yes give war ar dates of ser		7. INFORMANT DAUG. MRS. MARTHA	HTER AND AND PEELFFER.118	Idress 04 Eden R	ne S. S.,			
	DEATH (Enter only one couse p EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 2 1 2 2	OVARY EDEA	1A	.0	NTERVAL BETWEEN INSET AND DEATH			
	DUE TO ny, which gave) (b)	ARCVD			27	EARS?			
rise to immedi stating the un last.	iate cause (a), (
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).								
1 C	2 CHRONIC BRONCHIAL ASTAMA -> COR PULMONALE YES NO X								
20a. ACCIDENT V OR CONTRIBUTION (IF FITHER, NOT)	VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR							
20c. TIME OF I	NJURY Manth, Day, Year		PLACE OF INJURY (Hame, far factory, street, affice bldg., et		(Caunty)	(State)			
21. I cer	tify that (I) (this hospita	1) attended the deceased fram 1947, and 1	that death accurred a	1966 , ta MAY at 5:55 M, fram cause	15 , 19 <u>67</u> , t	that (I) (we) las			
22a. SIGNATUR	Jene U. Co	Ren MQ	M.D. ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG				
22c. PHYSICIAN NAME (Ty	Pe) GENE U.	COHEN, M.D.	22d. ADDRESS	106 SPRING A	STYLAND				
23a. BURIAL, CREMA REMOVAL (Spec	iful.			23d. LOCATION (City or		''			
Irans-ou	nal May 18,	1967 Ames Chape	1 Cemetery	Orange Con					
24. FUNERAL DIREC	a pool Children		nuenue 1		REGISTRAR'S SIGNATI	Judge			
warner (.	Pumphrey, In	c. Silver Sprin	Q. Md. DATES	UI TE IOUT	1	10			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death VR A15 (4) 25M 1/67



	06983	CERTIFICAT	TE OF DEATH		06972
	LACE OF DEATH . COUNTY /		2. USUAL RESIDENCE (o. STATE	(Where deceased lived, if institution b. COU)	Dry .
	Montgomeru	MARYLAND	maryla		FINGE OFFICE
b	CITY OR TOWN (If autside corporate limits, write RURAL and give gearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (II	utside carporate limits, write RUF	RAL and give nearest town)
4	a homa Park	23	Sarryle	(Della	20783 16.2
d	. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS	0	e. IS RESIDENCE
И	ashington San & Haspi	tal	8209	17= ave.	YES NO
D	ECEASED First Frances Tr	ances Middle	Smith	4. DATE Mont OF Mart	90 17
S. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Ź	emale white WIDOWED		10-3-10	last birthday)	Months Days Hours Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME A	
-	Lawrence Fact		Maria Fr	How Such	Minas)
15	1	SOCIAL SECURITY NO. 17	INFORMANT (Addre	ess
	, na, or unknown) (If yes give wor or dotes of service)		1/-0 4	10	7. /
1	none		Hospila	l Recard	2/
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c).)	1 1	a V	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ranosa	0 120	was wit	C ONSET AND DEATH
	DUE TO	-1	1	- 0 - + 0	
	Canditions, if any, which gave) (b)	melo	stown -	so huma of	sore
	rise to immediate couse (o),				
	storing the underlying cause				
) (c)				The was autonous
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
FE	20g. ACCIDENT WAS UNDERLYING ☐ 20b. [DESCRIBE HOW INJURY OCCURRE	D. /Finter nature of injury in	Part I or Part II of item 18 \	100
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SESCRIBE HOW INSORT OCCURRE	o. (time notice of injury in	run i ui run ii ui nem 10.j	
MEDICAL	and the second s		LACE OF INJURY (Home, for		(County) (State)
MEI	Hour a.m. Whii		actory, street, office bldg., etc.	.)	
	21. I certify that (I) (this hospital) atte	nded the deceased from	Cyan 28.	19 6/ta 5/	201967, that (1) (we) las
	saw the deceased alive on5	9-19 6 7, and th	nat death occurred at		and an the date stated above
	22a. SIGNATURE		ATTENDING -	MED. STAFF	22b. DATE SIGNED
	1200 000	a p	M.D. PHYS.	DIRECTOR PHYS.	May 201967
	22c. PHYSICIAN'S RODING ROOM	Wal.	22d. ADDRESS	10 -01	1 = 0 = 1
	NAME (Type) DORIS KAB	K / /Y	1011	12	re cost
23 a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY .	23d. LOCATION (City or To	wn) (County) (Stote)
Bu	removal) 5/20/	67 St. Jose	oh Cemeters	Boston M	000
	FUNERAL DIRECTOR	ADDRESS	2Sa. REC	D BY REGISTRAR 2Sb. RE	GISTRAR S SIGNATURE
T	aganh Gara	Washington	D.C. MARY		meley Judge
U	oseph Gawler's Sons	5130 Wiggen	A A A A A A A A A A A A A A A A A A A	(0 1001 17	// //

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death

3

23000

CONTRACTOR STATE

The state of the s

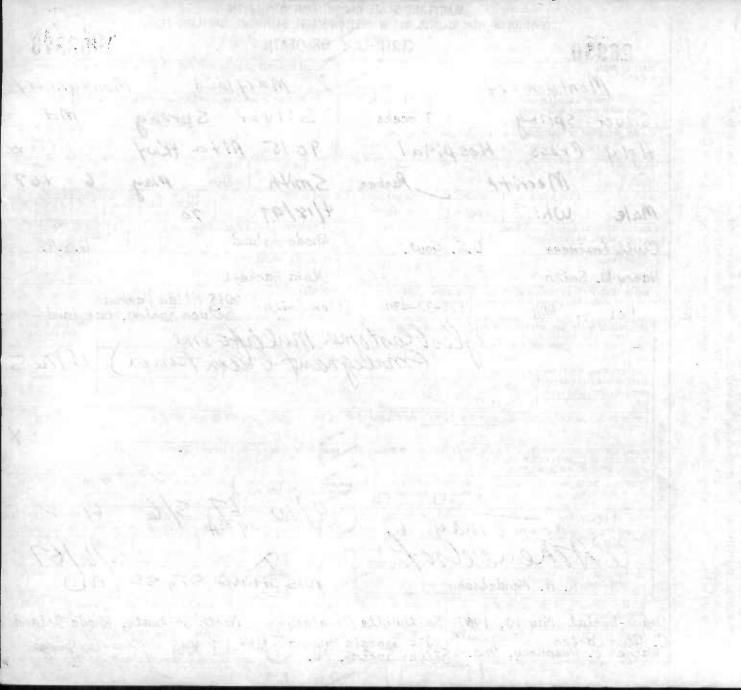
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06990	CERTIFICATE	OF DEATH		06973
	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	on: Residence before odmission)
	(D. COUNTY MANY OF THE PARTY	MARYLAND	o. STATE May	rula d b. COUN	M. Janes
	-	o. CITY OR TOWN (If outside (proporte limits,	c. LENGTH OF STAY IN 1b	111	uside carporote limits, write RUR	Al and give needs town
		write RURAL and give nearest town)		(11.		
В		Silver spring	3 weeks	Silva	Y Spring	3 151 Md
	(. NAME OF HOSPITAL OR INSTITUTION If not in he	ospitol, give street oddress)	d. STREET ADDRESS	21.	e. IS RESIDENCE ON A FARM?
		HOLY Cross H	ospital	9015	Alton PKWY	YES NO D
		NAME OF First	Middle	Lost	4. DATE Month	h Doy Year
		Type or print) Merritt	Parker	Smith	OF DEATH Ma	n 6 \$67
	5. 5			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	-	16 1 13/1-	DOWED DIVORCED	4/14/09	lost birthday)	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 DIDTUDIACE (County	8 Stote, or foreign country)	12. CITIZEN OF WHAT
		ng most of working life, even if retired)	INDUSTRY	Rhode Isla		COUNTRY?
		ivil Engineer	las yout			U.S.A.
		FATHER'S NAME		14. MOTHER'S MAIDEN		
	k	Jarry W. Smith		Flora Hack	rett	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?)	NFORMANT	9015 Altan Po	SS
	(16	s, no, or unknown) (If yes give wor or dotes of servi	578-32-4348 El	len Smith	CH. C.	Manual
		18. CAUSE OF DEATH (Enter only one couse per	line for (1), (b), and (e),		1 1	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY:	Wintelastom	a must	chomo	ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	fred Control	- Colored		1160-
		Conditions if any which gave >	V (makey	nunt o	eun Tumo	7) 4/105
		rise to immediate cause (o),	()			
		storing the underlying couse				
		lost.) (c)				The was Autores
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION					YES NO X
	III.	20o. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 1B.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INSURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	E OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote)
9	MED	Hour o.m.		ory, street, office bldg., etc)	
		p.m.	ot work ot work	4/10	1967 to 5/6	1067 shoe (W () In
		21. I certify that (I) (this hospital) saw the deceased alive an	New 1962, and that			, 19 .6/ , that (W) (we) last and an the date stated abave
		220. SIGNATURE	1762, und mu	deam accorred at	Mi, Hulli couses i	22b. DATE SIGNED
		220. SIGNATURE	10/10/	ATTENDING V	MED. STAFF	1 5 11-147
		and the cond	elle pur M.C	PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L	13/6/01
		22c. PHYSICIAN'S NAME (Type) R. A. Mendel	sohn	1015 SP1	RING ST, SS	5. MD
		``				1,,,,,
		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tox	wn) (County) (Stote)
	9	rans-burial May 10, 1	967 Smithville Ce	metery	Worth Scitua	
			atta 8434 Georgia	Harman BAI	Was a species of	GISTRAR'S SIGNATURE
	a	Varner E. Pumphrey, In	c. Silver Spring	Md DATE MA	11 196/ /	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please female cyrbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and imany event, within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



06991

CERTIFICATE OF DEATH

06974

		COOL			CERTITION	IL OI DEAL	11			000.	
	1. P	LACE OF DEATH				2. USUAL RESIDE	NCE (Where der	ceosed lived, if instit	ution: Resider	nce before adm	nissian)
	0	COUNTY MA	1 -0 -1	1	MARYLAND	o. STATE	PARUL	b. (0	m /	1-0 0	-01
	h	. CITY OR TOWN (If outs	N TGOY	MERY	ENGTH OF STAY IN 16			porote limits, write R		NTGOY	
		write RURAL and give	nearest tawn)		4 to 5/10/						
		DILVIE!						SPRING		15.	
	d	NAME OF HOSPITAL OR	INSTITUTION (IT not		11	d. STREET ADDRE			2	0. 13 N	A FARM?
	(DISTERS	04 40	LY (POS	as Hosf	1140	7 CLOV	ERHILL	- DR.	YES [□ NO 🔀
		AME OF	Fire	it	Middle	Last	4. DAT	E Mo	onth	Doy	Year
	([ype or print]	LEAH.		ISAER	JNYDE	C DEA	ATH MA	Ly	10	19 67
4	S. S	EX 6. CO	DLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		NDER 24 HRS.
		FEMALE	C	WIDOWED	DIVORCED	1/11/00	0	SG yrs.	1	DOYS HOL	JIS WIIII.
]	0o.	USUAL OCCUPATION (Give ag proof of working life ey	kind of work done		BUSINESS OR	M. BIRTAPLACE (County & Stote, or	r foreign country)	12. CI	ITIZEN OF WHA	IT.
	dursi	ig prost of warking life, ey	en it refired)	INDUSTR	Home	10	400		2	JUNKY /	7
	13.	FATHER'S NAME			7 7	14. MOTHER'S MA	AIDEN NAME	100			
		MASON	BAE	R		tow	vy K	ING			
	15.	WAS DECEASED EVER IN U.			SECURITY NO. I	17. INFORMANT	1		dress sie	501	un
		, no or unknown) (If yes		. 1	01-63074	1	sex Tue	CEN -114	11 3	7. 12. 1	T
	-	NO CALIFF OF BEATH				12011/01	- Jun	.610 ///	0/6		DETAMEEN
		18. CAUSE OF DEATH (PART I. DEATH WA	Enter anly one cous S CAUSED BY:	Pullmo	nary embol	ism					ND DEATH
l			IMMEDIATE CAUSE (0)							
		Conditions, if ony, which	DUE	Dh1 oh	othrombosi	s of left	siliac	vein			
		rise to immediate cou	(0) 9	·)	O CHI O MIDOU 2	.5 02 2020	022200	70211	b		
ŀ	- 1	stoting the underlying		10						1.77	
		last.	,	(c)						T10 18/45	AUTODCY
1	8	PART II. OTHER SIGNIFIC	_					FIVEN IN PART 1(0)		19. WAS.	AUTOPSY ORMED?
	5					ry congesti				YES 🔀	NO [
	CERTIFICATION	20o. ACCIDENT WAS UNDE OR CONTRIBUTING CAL		20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of inj	ury in Port I or	Port II of item 18.)			
	9	(IF EITHER, NOTIFY MEDICA									
	MEDICAL	20c. TIME OF INJURY M	anth, Day, Yeor	20d. INJURY		PLACE OF INJURY (Hom		of. (City or town)	(Co	ounty)	(Stote)
	¥	Hour a.m. p.m.	19	While of work	Nat While of work	foctory, street, affice bld	.g., erc.)				
		21. I certify the	at (I) (this host		he deceased fram	agaril 7	1867	to hear	10 . 12	7. that () (we) la
		saw the deceas		Ingg	1967, and	that death accurre	ed at 3.00f	M, fram cause	s and an t	the date sto	ated abay
l		22a. SIGNATURE		1 /	1					DATE SIGNED	
		Cole	2	Klins	La la	M.D. PHYS.	DIRECTOR	R STAFF PHYS.		5-10.	.67
l		22c. PHYSICIAN'S		1		22d ADDRES		O Georgia			
ı		NAME (Type) E	dward J.	Richards	, M.D.		Silve	er Spring	, Md.		
=	230.	BURIAL, CREMATION,	236. DATE THE	REOF 23c	. NAME OF CEMETERY	OR CREMATORY	. 23d.	LOCATION (City or	Town)	(County)	(Stote)
		REMOVAL (Specify)	5/12/	1967	ERT LIA	VEOUN CK		LMAR M	ANOR	· IRGZ	2614
1		FUNERAL DIRECTOR	1	-/	ADDECC -	250	. REC'D BY REG		REGISTRAR'S	SIGNATURE	/
1	1	1/11/1/1/1	MARINE	T - 511	LADORESS COM	11/2	B 4 8 W 70		im.	4 11	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Poge 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67

See Day voe Land

. on tar tello . a - wil s. cry cont. tion

d Edmitd J. Michards, M.D.

01 0 13 J

service designation of

4 Vene

Marie In Charles and Charles and Charles

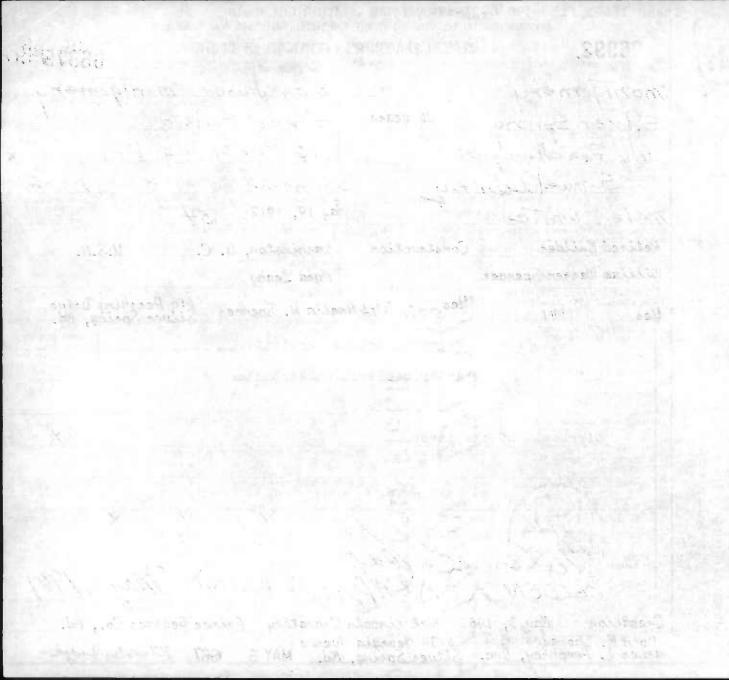
.01.10 3ct., 12 avi.

con paids and he was some

FOR	STATE HORPY.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is The necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to The the fineral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with Long Page 1.	5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department at Health prior to buriol, cremation, ar removal, and in any event within 72 hours offer death.
TO DE	5 mg To FUN
	1 13

VR A 15ME (5)

00000			115475
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution:	Residence before admission)
o. COUNTY Tamery	MARYLAND	many day de mon	lameru
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporate limits, write RURAL	
write RURAL and give nearest town	28 years	Gilver Spring	151
d. NAME OF HOSPITAL OR INVITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
616 Persking.	DU.	616 Pershing D	ON A FARM? YES NO D
NAME OF DECEASED Samue Qub	Middle C	lost d. DATE Month OF DEATH 5	Doy Year 1967
	MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
10010		14, 1412 54 vis.	onths Doys Hours Min.
b. USUAL OCCUPATION (Give kind of work done ging most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Builder	Construction	Washington, D. C.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Villiam Warren Spencer		Myra Leahy	
. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of servi)	NFORMANT Address	hing Drive
les WII	577-10-3792 Hm	elia H. Spencer Silvers	ning Drive
18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Severe calcific	c aortitis;	ONSET AND DEATH
421, DUE TO			
Conditions, if ony, which gove) (b)	Arteriosclerot	ic heart disease	
rise to immediate couse (a), stoting the underlying couse			
last. (c)			
	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO?
Cirrhosis of t	he liver		YES NO
20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 1B.)	/
20c. TIME OF INJURY Month, Ooy, Yeor	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
Hour o.m.	While Not While focto	ory, street, affice bldg., etc.)	17
p.111.	the service described (Seve Che	Id an Automit M. Incoming M. Incoming	[X]
21. I certify that I taak charge af	- 0 /- /		
death resulted fram: Natural cau	uses X Accident Suici	,	ier
ACTUAL / /////	166 10ak	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE / COMMENT	Jan	M.D. ASSISTANT MEDICAL EXAMINER	1 1011
NAME (Type) BELDEN	RICAPI	Address (Street, And, Town, or county)	ry 1967
D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		(County) (Stote)
remarion May 3, 1	967 Fort Lincoln	Crematory Prince Georges	Co., Md.
DENNERAL BRECTORTHOMAS Thinks the	sun 8434 ADBRESS raia A	venue	TRAR'S SIGNATURE
trner E. Pamphrey, Inc		Md. MAY 5 1967 Action	les Judges



within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0693
CERTIFICATE OF DEATH
069

069	93	CERTIFICA	TE OF DEAT	Н	06976
1. PLACE DF DEAT a. COUNTY	Montgomery	MARYLAND	a. STATE	ICE (Where deceased lived, If In: Maryland b. COU!	stitution: Residence before admission) NTY Montgomery
b. CITY OR TOV Write RURAL	WN (if outside corporate I L and give nearest town)	imits, c. LENGTH OF STAY IN 1		f outside corporate limits, wr	rite RURAL and give nearest town)
Bethes	da	Years	Bethe		15.1
		if not in hospital, give street address	. 11		e. IS RESIDENCE ON A FARM?
4405 E	ast West Hi	.ghway	4405 Eas	st West High	way YES NO X
3. NAME OF DECEASED (Type or print)	First AIMEE	Middle E H. SPICER	Last	4. DATE OF Monte	
5. SEX	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNOER 1 YEAR IF UNOER 24 HRS.
Female		WIOOWEO DIVORCEO	May 3, 18	379 88 yrs.	Months Oays Hours Min.
10a. USUAL OCCUPA during most of work	TION (Give kind of work don king life, even if retired)	ne 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housew:	ife		New Yor	rk	U. S.
13. FATHER'S NAM			14. MOTHER'S MAI	DEN NAME	
	lson F. Hya		Aimee		
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT DE	aughter	SS
No			Frances L.	Stuart Same	e as Item 2.
		ause per line for (a), (b), and (c).]	4-1	1	INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chrance ales	an face	ure	weeke
4200	DUE TD	0.7.	1	4 Dicin	May Hadina
Conditions, If		arunascu	ralie he	un centre	we gerns
gave rise to cause (a), s underlying caus	stating the DUE TO	Generaliza	d arter	isclerose	à yeuro
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RI	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	
ICAT		V			YES NO S
OR CONTRIBUT	WAS UNOERLYING DING CAUSE OF OF ATH OTIFY MEOICAL EXAMINER	20b. OESCRIBE HOW INJURY OC	CCURRED. (Enter nature o	of Injury In Part I or Part II o	Latin
Hour a.	INJURY Month, Oay, Yea m. .m. 19	While Not While at work	PLACE OF INJURY (Home, f ctory, street, office bldg.,		(County) (State)
	fy that (I) (this hospital	al) attended the deceased from	Nov 20 1	1960 to May 1.	5, 1967, that (I) (we) last and on the date stated above.
22a. SIGNATU		reass	M.D. ATTENOING X	MEO. STAFF DIRECTOR PHYS.	22b. OATE SIGNED 5-19-67
22c. PHYSICIA NAME (T	AN'S C. P. R. Y	LAND	22d. ADDRESS	19 mst NW	Washinglen
23a. BURIAL, CREM REMOVAL (Sp	eclfy)		ERY OR CREMATORY	Glen Falls	
Burial 24. FUNERAL OIRI	5-23-6	7 Pine View	Vemetery RE	C'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
ROBERT A		, Bethesda, Mar		Y 2 4 1967 80	harles Judge

VR AI5 (4) 20M 1/65 PERSONAL PROPERTY OF THE PROPE TO THE PROPERTY. wante to the control of the control Palenta visit a visit of the salar salar salar cont. Watth ... Commission of the commission of Datables June 12 197-34-11 Frances 1. Stuart June 12 1 com 2. Service of the Control of the Contro The same of the first and the same and the MARKET CONTRACTOR PROPERTY OF SECTION AND SECTION OF SECTION AND SECTION ASSESSMENT OF S Story well and the recommendate the transfer of the Port Total Laure Durskyrott, Transfer , Yuliand . A Craster

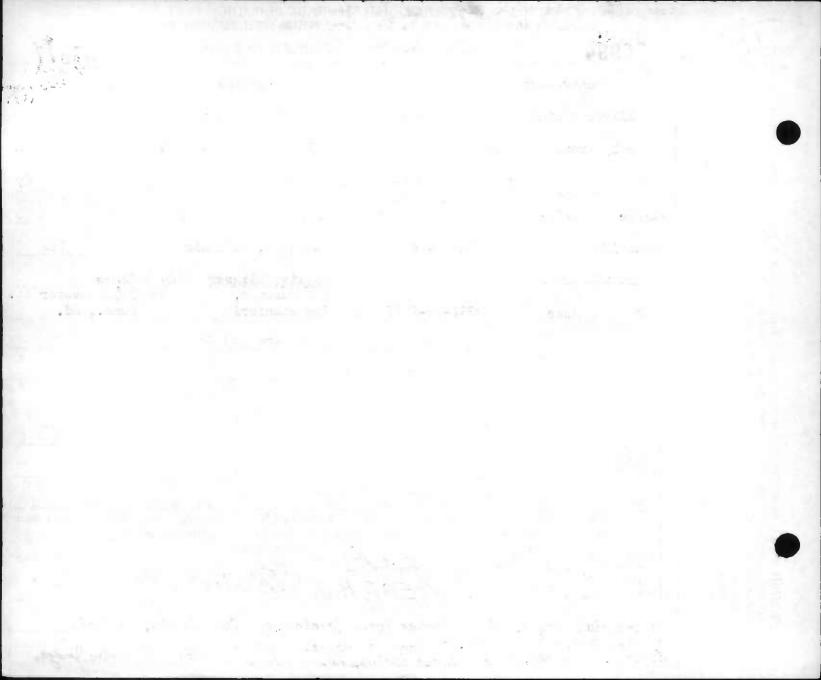
Archer Woods Cemetery

DATEMAY 8

1967

Charle

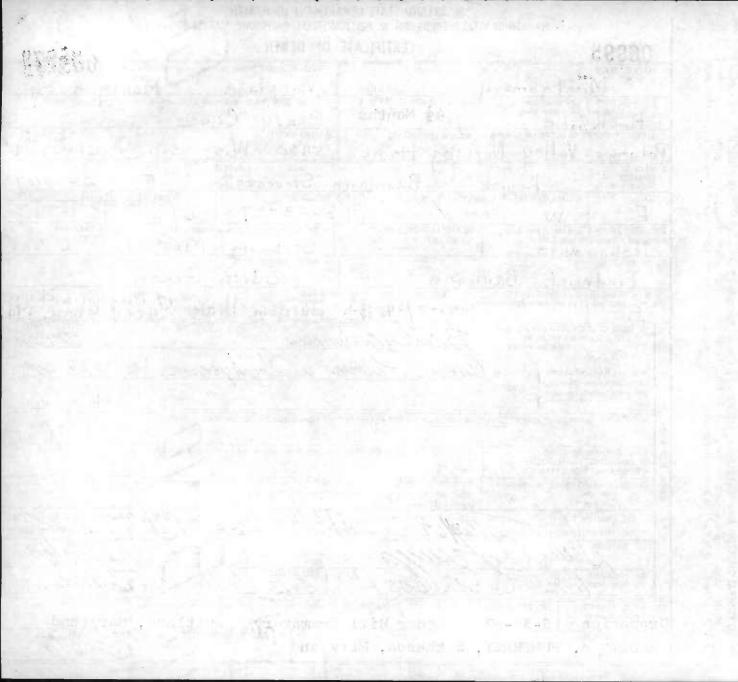
VR A15ME (5) 6M 1/66



	06995		CERTIFICATI	OF DEATH		04080	
1.	a. COUNTY	gomery	MARYLAND	2. USUAL RESIDENCE (When	re deceosed lived, if institution b. COUNT		n)
	b. CITY OR TOWN (If autside cor	rparate limits,	4 Months	Chevy	e corporate limits, write RURA		1
F	d. NAME OF HOSPITAL OR INSTIT		11	d. STREET ADDRESS V	lisconsin	Ave ves	
3.	NAME OF DECEASED (Type or print)	First Neurise) Middle Bauman	CI	DATE Month OF 5		or 67
S.	SEX 6. COLOR C	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-23-97	9. AGE (In years last birthdoy)	Months Doys Hours	Min.
	o. USUAL OCCUPATION (Give kind a ring most of warking life, even if re	etired) 1	CIND OF BUSINESS OR NDUSTRY	St. Louis	N)	12. CITIZEN OF WHAT COUNTRY?	5,
13	FATHER'S NAME Frederick	. 7	nn	14. MOTHER'S MAIDEN NAM	th Greer	1	
	. WAS DECEASED EVER IN U.S. ARN es, na, ar unknown) (If yes give w	yor or dotor of convice	SOCIAL SECURITY NO. 17. 81-07-45-73-1	Patricia	Higier CHe	Magnolia Pl	ind i
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	SED BY: DIATE CAUSE (o) DUE TO (b) DUE TO	Heb), (b), ond (c).) DRONCHUPWER RONIC PULMO.	monia mary Empli	hysema	INTERVAL BEI	CS.
TION			TO DEATH 8UT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(0)	19. WAS AUT PERFORM YES I	OPSY NED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I ar Part II af item 18.)	*	
MEDICAL	20c. TIME OF INJURY Month, Hour o.m. p.m.	Doy, Yeor 20d. While of wo	e Not While for	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City ar town)	(Caunty)	(Stote)
	sow the deceased a		nded the deceased from 19, and the	f/3/67, 19 death occurred of 6	ta 5/24/6 M, from causes o		l obove.
	220. SIGNATURE OUL	X A	MILLS - M	D. PHYS. MED DIR	ECTOR PHYS.	22b. DATE SIGNED 5/24/6	7
	NAME (Type) NEXT	24 C. 20	RUGGS MI	1. 5413 C	edar hane	1 Setherda 1	Rel.
23 C	REMOVAL (Specify)	36. DATE THEREOF	23c. NAME OF CEMETERY OR Cedar Hill	Crematory	Suitland.		Stote)
2	4. FUNERAL DIRECTOR		ADDRESS ethesda, Man	2So. 12 (40 BY	REGUTRAL 96 P 25b. REG	ISTRAR'S SIGNATURE	*

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambielely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove or band papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) B



AAA			06996 CERTIFICATE OF DEATH
death and r death	Ī		COUNTY AARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before control on STATE MARYLAND AARYLAND AARYLAND
y the fur	-	b	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
hours aft in by the irs. Pages 2 hours aft			write RURAL and give heorest town)
in the ers.		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS,
filled in papers. Thin 72 h	74		Subarban 4548-11. Chetseata NS I NO
	3	D	AME OF First Middle Wast 4. DATE Month Doy Year FCEASED ype or print) Frances Death Middle Death 7/24 7 1967
executed with	-	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D'ATE OF BIRTH 9. AGE (In yeors FIFUNDER VEAR IF UNDER 24 HRS. WIDOWED DIVORCED DIV
physician and con physician and con please remo ovol, and in any	1	l0o.	ISLIAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR 11 RIPTIPIACE (Calintus State or foreign country) 12 (TIT/EN OF WHAT
icate b sician please I, and i	-	Jurir	g most of working life, even if refried) INDUSTRY Let December 2016 2016 2016 2016 2016 2016 2016 2016
ifica y sic ol, c			FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certif g ph) Then movo			rancis Duffield Sullinger Senny Collyer
that the death certificion. by the attending phystronsit permit. Then premotion, ar removol,			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address Address
attendi permit. ion, ar r	<	2	10 or unknown It yes give wor or dotes of service 001-09-843 2/1/5. I /nova /atterson/ 25 aloge
t the the sit p notion	V	1	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	1	1	1MMEDIATE CAUSE (o) /// COCONO / 73/10/77
physici physici signed burial-t burial,			Conditions, if ony, which gove) (h) Arthur osc / profic / point (159,100)
			rise to immediate cause (a), DUE TO
e law r tending is been os the prior to		L	ost. (c)
	3	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
AN: Thal or of icate he for use Health		CEKIIFICATION	YES NO P 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
ospital certific hed fo			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NEW
IG PH the h rr this detoc	The ball	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of
Affre Affre Store			21. I certify that (I) (this hospital) attended the deceased from 9/13, 1965, to 49, that (I) (we) los
OR: OOK:			sow the deceased olive on
OR A be retro		4	ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 5/7/67
ITAI May RAL Po be fi			22c. PHYSICIAN'S NAME (Type) JOHN B. UMHAU 8805 CONN. AVE. Cheng Chase, Mo
O HOSP Page 4 o FUNEI director should	1	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote)
5 5 5 p 2	-	24	REMOVAL (Specify) 5/8/67 Franklin Cemetery Franklin Pa. FUNERAL DIRECTOR - ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67		24.	Hiteres 6 2901 14 AVIII D DATE 10 1967 Yellerley Judge
23M 17W	4	PU	TTTUES O TO TANK DO DAIL TO NOT TOURS JUST

21...1

00000

0033			CEKTIFI	CAIL	OF DEATH				59	30	16.4
	MONTGOMERY		MARYI			YLAND	b. COUN	on: Residen	ce before	odmissio	
b. CITY OR TOWN write RURA	(If outside corporate limits,		L DAY	√ 1b	c. CITY OR TOWN (If ou		mits, write RUR	AL ond giv	18.	2	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not it	n hospitol, giv	MD. 2001	4	d. STREET ADDRESS RT2 BOX	106-10	7			ON A FA	NO A
3. NAME OF DECEASED (Type or print)	First IRIS		Middle HOPE	SU	LLIVAN	4. DATE OF DEATH	Montl MAY		30 Doy	Yeo	
E SEX	6. COLOR OR RACE CAUCASIAN	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED		OCT. 20, 19		GE (In yeors ust birthdoy) yrs.	IF UNDER Months	Doys Doys	IF UNDER Hours	24 HRS Min.
100. USUAL OCCUPATIO during most of workin	ON (Give kind of work done g life, even if retired)		O OF BUSINESS OR USTRY		11. BIRTHPLACE (County MARY		country)		TIZEN OF OUNTRY?	WHAT	
3. FATHER'S NAME WILLIAM	GARRISON SUI	LIVAN			14. MOTHER'S MAIDEN N JOANN SEA			5 8			
(Yes or unknown	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice) 16. SC	OCIAL SECURITY NO.		nformant G. SULLIVAN	SAM	E AS #2				
Conditions, if on rise to immedia stoting the undust.	ote couse (o),	CH	RONIC GLO	MERU	LONEPHRITIS				ONS	SET AND D	EATH
PART II. OTHER	SIGNIFICANT CONDITIONS <u>CON</u>					· · · · · · · · · · · · · · · · · · ·			19. YE	WAS AUTO PERFORMI	NO X
OR CONTRIBUTIN	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury in I	Part I ar Part II	of item 18.)				
Hour'd	JURY Month, Doy, Yeor o.m. 19	20d. INJ While of work	URY OCCURRED Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		ity or town)	(Co	unty)	(Stote)
21. I cert	tify that (X) (this haspideceased alive an	tal) attende IAY 30	the deceased f	fram ind that	MAY 29 , 1 death accurred at	9 <u>67</u> , ta_ 5:35 P M, fi	MAY 30 ram causes (, 19 <u>6</u> and an t	27, th he date	at (X) (v e stated	ve) la abav
220. SIGNATUR 22c. PHYSICIAN NAME (Typ	Tomp	Lás premer r	CDR MC US	M.C	ATTENDING PHYS. 22d. ADDRESS NAVAL HO	MED. DIRECTOR SPITAL.	STAFF PHYS. D	2	ATE SIGNI		4
230. BURIAL, CREMAT REMOVAL (Speci	TION, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCAT	ION (City or Tov	wn)	(County)	(S	tote)
24. FUNERAL DIRECT	JUNE 2.		ADDRESS MD		METERY 2So. REC'D OWN MO DATE	BY REGISTRAR		GISTRAR'S S	IGNATUR	de la	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Lend 2 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages—and should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any eyent, within 72 haurs after least Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

STAND DEFENDED, LOVER DA, AD. 2001 B. E.S. SER LAVIE THE PROPERTY OF THE SALES STATE OF THE SALES Burgar Toure 2,1907 Engages Constant | Mines | 1907 S and Constant THE STANSON THE BUSINESS SHOWERS SHOWING THE PARTY OF THE

be executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death confinence

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0699	3		CERTI	FICATE	OF DEATH			08	198	1	
1. PLACE OF DEATH o. COUNTY	lontgomery		MA	RYLAND	2. USUAL RESIDENCE (o. STATE Georg		eosed lived, if institut b. COUI	UTV -	before add		
b. CITY OR TOWN	(If autside carporote limit	5,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If a	utside carpo	arate limits, write RU	RAL and give n	eorest tov	vn)	
Bethes	da (rural)		2 days	S	Doug:	lasvi	lle		49.3		
	Hospital	ot in hospitol, giv	e street oddress)		d. STREET ADDRESS Route 3.	Box	83		01	RESIDEN A FARA	W?
3. NAME OF		rst	Middle		Last	4. DATE		th	Day	Year	
(Type or print)	Willi	am	Edgar		SWOFFORD	OF DEAT	TH May		14	19	67
s. sex Male	6. COLOR OR RACE Cauc	7. MARRIED WIDOWED	NEVER MARRI		B. DATE OF BIRTH Feb.26, 191	46	9. AGE (In years last hirthday)	Manths D		JNDER 24	4 HRS. Min.
100. USUAL OCCUPATION	ON (Give kind of work dane		OF BUSINESS OR		11. BIRTHPLACE (County	y & State, ar	fareign country)	12. CITIZE	N OF WH	AT	
duits of working	g life, even it refired)	INDU	JSTRY		Gulfport	t, Mi	ssissippi	COOK		USA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
John C.	Swofford				Anice Har						
1S. WAS DECEASED EN (Yes, ng. ar unknawn	VER IN U.S. ARMED FORCES?	of service) 16. SO	CIAL SECURITY NO.		NFORMANDOUGLAS			Geo	rgia		
rise to immedia stoting the und last.	derlying couse	TO (b) TO (c)									
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT R	RELATED TO	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(a)			S AUTOPS FORMED' NO	?
OR CONTRIBUTION	YAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I ar I	Part II af item 1B.)				
A Hour	IJURY Manth, Day, Year a.m. 19	While of wark	URY OCCURRED Nat While at work] fact	CE OF INJURY (Home, far ary, street, office bldg., etc)		(Count			ote)
	tify that (%) (this has deceased alive an_	may 14	d the decease	d fram_ , and tha	May 12 , it death accurred a	19 67	May 14 M, fram causes			* (we tated o	e) las abave
22a. SIGNATUR	Holling (13/2	-	М.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATI	May :	1967	
22c. PHYSICIAN NAME (Typ		Emery,	M. D.		Naval Hos	spita.	l, Bethese	da, Md.			
230. BURIAL, CREMA REMOVAL (Speci Burial	fy) 5/16	EREOE /1967	23c NAME OF CE		crematory y Gardens		LOCATION (City or To		ounty)	(Stot	re)
	W. W. Cham apin St., N	bers Co.				'D BY REGI	STRAR 2Sb. R	EGISTRAR'S SIG	NATURE		

0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages A and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deather. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

Labor

.bd. .moret, faction it favorede. .bd.

	Mig1060		graphydroli	
	plffynelgodi	aget S	(Inset) liber	Double
	[Lc.56], 30x 13		fath add.	evel
	chigana	Water!	mid Gill	
			Cappe	n night
	Guldpert, Wississippi			T OAR
deci (deci	Anise Harris A Ponglaryllia Cohn C. Arctford, Fout		Your sace	
	II to be a second of the secon		Visit of the state of	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
06982

06999	
-------	--

CERTIFICATE OF DEATH

			
1:	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before odmission)
		O. STATE VA COUNTY 1	01
	VIONT GOTHERY MARYLAND	MARYLAND	MONTG.
	b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town)
	What kukat and give nearest town)	ROOKYU =	1-1
-			e. IS RESIDENCE
			ON A FARMS
	HOLY (ROSS HOSPITAL	13412 GLEN LEA WA	YES NO
3		lost A DATE Month	Doy Year
	DECEASED	OF OF	
_			
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 1 1 1 1	
	F CLUTTE WIDOWED TO DIVORCED TO	24-1-1	Doys Hours Min.
10-			TIZEN OF WHAT
duri	ing most of working life, even if retired) INDUSTRY		HINTER OF WHAT
uon	Housewife	Eden, Maryland	UNURY? S.
		14. MOTHER'S MAIDEN NAME	
100	STEPHEN A. MERCER		Wilson
			WEE COIL
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SQCIAL SECURITY NO. 17. 1	INFORMANT Husband Address	Est de
(Ye	is, no, or unknown) (If yes give wor or dotes of service) 402-32-09/2	I Tannami Same as	Item 2.
		of tellilety	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	1.0	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	5/Brash	SOLUTION .
	, A AV		. 0
	Condition if any sublish arms a		
	rise to immediate couse (n)		
	lost. (c)		
	DADT II OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/a)	19. WAS AUTOPSY
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALL TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
AT			YES NO
] <u>≅</u> [20o. ACCIDENT WAS UNDERLYING () 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 1B.)	
FR			
18		CE OF INJURY (Home, form, 20f. (City or town) (Con	unty) (Stote)
ME	TO WHITE HOUSE	tory, street, office bidg., etc.)	
	p.in. Of work and	10 (- 10)	7 11 1 11 1 1 1 1
	21. I certify that (I) (this haspital) attended the deceased from	19 co, 10 may 20, 19	• 1, that (I) (we) last
	saw the deceased alive an may 20 19 1, and that		
	22o. SIGNATURE	22b. D.	ATE SIGNED
	N. C.	ATTENDING MED. STAFF 15-2	22-67
		24 Colorable Rel I. 1. 1.	hand
		100 11 months of story	mens, real
23g	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
1	REMOVAL (Specify) 5 27-1-	Connector Contilant Dal	2 C MA
<u>_</u>	REMOTION 13-22-6/ CEGAR HILL		GINEC. GCO. IVIU
24	(1)		IGNATURE -
1	short A tamphrey FH 7557 WISC A	UE RAL DATE & 4 1961 Juliane	Es Judge
	3. S. 1000 during 13. 15. (Yes No. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 11. FATHER'S NAME STEPHEN A. MERCER 13. EATHER'S NAME STEPHEN A. MERCER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove is to immediate couse (o), stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OHOUR OF WHOM ONLY ONLY OF WHOM ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	D. CUNTY D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give street oddress) D. CUTY OR TOWN (If outside corporate limits, write RURAL ond give Town of the part of the p

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the fungration

* C 1.4				* 45 17 - 45 47 - 47 8	
		MAGNITE			
			140	and a term	
	2			HeZ Jak	
ž		APSTE	LITT (NEW H	20095	-10-
20		ENWERT	M ETTA	10 HH D	
	SE	450 400		t führt.	
.000	Ma (2)	,			
				A Sec. THUS	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0700	0		CERTIF	ICATE	OF DEATH				0698	83
1	a. COUNTY	ONTGOME	ERY	MAR	YLAND	a. STATE MD.		b. coun	Mo,	NTG	ian)
	SIZE RURAL gn	(If autside carparate limit d give nearest tawn)	NG	c. LENGTH OF STAY	2/67	C. CITY OR JOWN (IF OF	NG T	mits, write RUR	AL ond give r		i Driver
	HOLY C	COSSHOS	P. OT	SILVERS	PRIM	d. STREET ADDRESS	FERNE	PALE	ST.	YES	NO NO
	NAME OF DECEASED (Type or print)	ROSE	irst	Middle 2.	7,	Lost Homas	4. DATE OF DEATH	Manth 5 GE (In years	W UNDER 1 Y	12 19	67 R 24 HRS.
	S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCE OF BUSINESS OR		DATE OF BIRTH 0 13 94 17. BIRTHPLACE (County	1 /2	ist birthday) 2 yrs.	Manths [Days Haurs EN OF WHAT	Min.
d	luring most of warking	life, even if retired)		JSTRY		14. MOTHER'S MAIDEN	,	i cuomiy)		9RY 24	
	Geo-	ER IN U.S. ARMED FORCES	2 USE	CIAL SECURITY NO.		Marz	1 A7	17) 1: Addres	342	-d	(-
	(Yes, na, or unknawn)	(If yes give war ar dates	af service)			75 E1	ise	C 79	2 2	INTERVAL BE	T. T.
1		EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	1	Mune	ang 1	Coulil	en s	- A	,	ONSET AND	
	Canditions, if any rise to immedia stating the underlast.	te cause (a),	(b) E TO	It It	is -	Jewanne Muel	l whi	untlen	4	8 M	2.
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	(c)	DEATH BUT NOT RE	LATED TO THE	E TERMINAL DISEASE CO	NDITION GIVEN II	N PART 1(a)		19. WAS AU PERFORM	
Ornania.		AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRED. (Er	nter nature af injury in	Part I ar Part II	af item 18.)			
A DI WAR	р.	m. 19	While at wark		factar	OF INJURY (Hame, farr y, street, affice bldg., etc.		ity ar tawn)	· (Caun	ty)	(State)
	saw the d	ify that (I) (this ha beceased alive an_	spital) attende			death accurred at	19 <u>67</u> , ta <u>j</u> 11134 <u>M</u> , f	ram causes of			
	22a. SIGNATURE 22c. PHYSICIAN'	Slove /	Mary	2	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DAT	13/47	
	NAME (Type	1 6c	orgels	harbe 23c. NAME OF CEM	AFTERY OR CR	- 10	1 23d LOCAT	Onnect ON (City or Tay	recent	Ave (C)	State)
Ĺ	REMOVAL (Specifi	1721 5/16	167	ADDRESS -	2 (vam.	-1/	STENE	(7	e	(2,010)
	W.W.C	hamber	a In	e 365	8 31	27/37 PONEAV				0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consistently filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

1 4 11 13. The artist of the second secon 1,54 Jan 1,55 Jan 1,5

		07001 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06984
1		LACE OF DEATH COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE	ce before odmission)
	b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Washing TON.	neorest town)
70	d.	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) Suburban.	5019 4 th St-N.V.	O. IS RESIDENCE ON A FARM? YES NO
1	D (T	AME OF First Middle ECEASED ype or print) TAMES THE	Lost 4. DATE Month OF DEATH MAY	Doy Year 2 196
	S. SI	TALE COLOREC WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER lost birthdoy) Months Yrs.	Doys Hours Mi
d	durin	USUAL OCCUPATION (Give kind of work done g most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY	Virginia	USA
	u	enknown	14. MOTHER'S MAIDEN NAME unknown	
		no or unknown). If the give wor or dotes of service)	Address Normant Address Ager 8812	Sterling
		nse to immediate cause (o), DUE TO	sis, old and acute y arterioselerosis	Years.
ROI	ALION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
-		20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (F	Enter noture of injury in Port I or Port II of item 18.)	
CEPTIESCATION		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	the motive of imply in roll for for it of them to.)	
MEDICAL CEDTICICAL		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE		unty) (State)
	MEDICAL	PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While otwork of otwork of work 21. I certify that I took charge of the remains described above, held	E OF INJURY (Hame, form, ry, street, office bldg., etc.) (City or town) (Cou	ond in my apin 22. DATE SIGN

4 4 4 1 3 100 THE THE PERSON JACOLAGO L. 910 7 7 7 7 C. Certain C. Hear A. C. What has it's cultime in this year off the state of t X Dobon + 15-66 winionit, incorporate feet to be a second of the contract of t MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0	7	0	0	2	
ä	**	F 0	r pi	- 4 *		_

CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	ence before odmission)
Montgomery	MARYLAND	Mary	yland A.	ne Azurdel
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If at	utside corporote limits, write RURAL and g	ive nearest town)
write RURAL ond give negrest town) Bethesda (rural)	12 days	Annapo	olis	12.7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS		e. IS RESIDENCE
Naval Hospital		125 Farra	agut Road, Admiral	ON A FARM? YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Joe	L	THOMPSON	OF DEATH May	9 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male Cauc WIDOWED	DIVORCED	Mar.25, 191	L8 49 yrs. Months	Doys Hours Min.
	IND OF BUSINESS OR		& Stote, or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired)	IDUSTRY REAL	Clay Count	y, Kentucky	COUNTRY 3
13. FATHER'S NAME		14. MOTHER'S MAIDEN		7,0,-100
Joe L Thompson, Sr.		Jane Gilb	ant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO 17.	INFORMANT Admir		napolis, Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) Uf yes give war ar dates of service) 1939-1960	10 5 00 Mm			aports, Mu.
100 11939-1900 P	OT OO INT	s. Deadlife	S. Thompson, 125 1	
18. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o)			rrhage secondary	
	thrombocytopen:	ia, acute		
Conditions, if ony, which gove) (b) Act	ite monomyeloc	ytic leukemi	a	
rise to immediate couse (o), stoting the underlying couse				
last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NOIL				PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20g. A	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part Lor Part II of item 19.)	I IES TO INO [
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Einer nature or injury in	Port 1 of Port II of Item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. I		ACE OF INJURY (Home, form tory, street, office bldg., etc.		County) (Stote)
p.m. 17 of wor	k 🔲 ot work 🔲			
21. I certify that (4) (this haspital) atten	ded the deceased fram_	Apr.27	19. 67 , to May 9 , 19	67, that (% (we) last
saw the deceased alive an May 9.	19_67, and the	it death accurred at	8450 M, fram causes and an	the date stated above.
220. SIGNATURE		ATTEMPING		DATE SIGNED
Peles V Virgi	M.	D. PHYS.	MED. DIRECTOR PHYS.	11 May 1967
22c. PHYSICIAN'S NAME (Type) Peter T. Kirchne	er, M. D.	Naval Ho	spital, Bethesda,	Md.
22. DIDIAL CREMATION 22. DATE THEREOF	T 00- NAME OF COMPTERY OR			
230. BURIAL, CREMATION, REMOVAL (Specify) 5-/2-	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
	Arlington Na		Arlington, Va.	COUNTING
24. FUNERAL DIRECTOR 147-149 GIOUCES			D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Poges J and TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove corpar should be filed with the State Dept. of Health priar to burial, cremotian, or removol, and in any event, it Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

CEUCHICA!	.1	

farlyson fevel

epat)

Jee L Macempacou, fir.

cher esperator

yvet .B.U

typh Al (Inter) obtablish

stem , minigotypains us Aguid productional signal

6

. att fer in. apon constant Pin

tenantono englisto son l'apide sontono e e vica el

yek Example

Jac (100)

Clay bunty, kontrols

Admiral Ste. Admiral Min. Managelia. Mi.

Margarett, Kirchnar, M. D. Havel Respital. Boberson, M. J.

Jone M. Maylor Lamorel Money Annapolis, Md. May 1997 Missis

May 9, 67 - 67 - 6959

MADE WAY IS THE TONY TONY

.... 10 consequence (1 40 min sequence (1 40 min se

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07003

CERTIFICATE OF DEATH

06986

	CE OF DEATH DUNTY	ontgomery		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE District of Columbia	e befare admission)			
h (1				C. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)				
W	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Bethesda (rural) 11. days					Washington	nediesi idwiij			
		AL OR INSTITUTION (If no	at in haspital, a	. W		d. STREET ADDRESS 714	e. IS RESIDENCE			
		ospital	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		4200 Cathedral Ave.N.W. Apt.	ON A FARM? YES NO E			
3. NAN DECE (Type	AE OF EASED e ar print)	Doroth	rst Y	Middle Brown		TSDALE 4. DATE OF DEATH May	17 19 67			
S. SEX	emale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		July 17, 1894 9. AGE (In years FUNDER 1 / 2 birthday) Months Months	Days Haurs Min.			
		(Give kind of work dane in even if retired)		IND OF BUSINESS OR IDUSTRY		St.Louis, Missouri	IZEN OF WHAT JINTRY? USA			
13. FAT	THER'S NAME					14. MOTHER'S MAIDEN NAME				
- 38	Edmu	nd Brown				Sarah Swingley				
1S. WA (Yes, no	NS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give war ar dates o	1 . 1			NFORMANT Cathedral Ave.N.WAddress Wash MM Mahlon S. Tisdale, USN, Ret.				
18.	PART I. DEA	EATH (Enter anly one cau TH WAS CAUSED BY:	Pu	(a), (b), and (c).)	lu	S	INTERVAL BETWEEN ONSET AND DEATH			
	570	IMMEDIATE CAUSE			_					
Con	nditions, if any	which gave)	Th	rombophlebit	is	, bilateral lower extremities				
	e ta immedia		(0)	2		,				
sta	ting the under	erlying cause		ritonitis se	co	ndary to mesentric infarction				
ATION PA	RT II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES \ NO			
₩ OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I ar Part II af item 18.)				
MEDICAI 00	c. TIME OF INJ Haur a. p.	10	20d. I While at war	Nat While		ary, street, affice bldg., etc.)	unty) (State)			
		ify that (X) (this has beceased alive an M		ded the deceased fra 19, 67, and		May 7 , 19 67 , to May 17 , 19 6 the death accurred at 6:40 M, from causes and an the				
7	2a. SIGNATURE	otonaou unito uniga				PM 22b. DA	ATE SIGNED			
	Rose	AC (och	AEIR ASA	M.E	11113:	18, 1967			
21	2c. PHYSICIAN'S NAME (Type		C. Coch	uran, M. D.		Naval Hospital, Bethesda, Mc	1.			
	URIAL, CREMATI		EREOF	23c. NAME OF CEMETERY	Y OR (CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)			
RI	EMOVAL (Specifical	5-22-1	1967	Arlington	Na	ational Cem. Arlington, Virgination	inia			
24. FL	JNERAL DIRECTO	JOS. GAWI		ons ADDRESS		250. RECID BY REGISTRAR 256. REGISTRAR'S SI	IGNATURE			
51	30 Wis	consin Ave.	. N.W.	. Washington	. 1	D.C. DATE	00			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched for use os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Poge 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

A Service of the . The state of the Secretary sports Communication of the property of the contract destructions of the section of the s The state of the s S STOLLAR MEDICAL AND THE STOLLAR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 07004 CERTIFICATE OF DEATH 06987 death ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ompetely filled in by the funeral carbon papers. Pages 1 and event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH b. COUNTY Montgomery a. COUNTY o. STATEMaryland Montgomery MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) days. Silver Spring . Md. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Montgomery General Hospital 333 Bonifant YES NO PC Middle DATE NAME OF Last Manth Year First and completely DECEASED Tolson 19 67 Anna May 1.0 DEATH (Type or print IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months birthelay) Haurs White 8-13+936 Female DIVORCED WIDOWED 12. CITIZEN OF WHAT 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? physicion & during most of working life, even if retired) **INDUSTRY** Maryland ond Own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Ida Hynson Benjamin Can by attending p permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Bonifant permit. (Yes_na, ar unknown) (If yes give war ar dates af service 213-40-9074-1 Christopher 2. Tolson, Dr. Sandy cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth CERTIFICATION neleletins NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED Haur a.m. While Not While factary, street, affice blda., etc.) at wark at wark . 1958 to May 10, 1947, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from_ 1200 be filed with the 1962, and that death occurred at 7:30aMmfram causes and an the date stated abave. saw the deceosed alive on_ 22b. DATE SIGNED 22a. SIGNATURE

VR A15 (4) 20 M 1/66

director, should be

22c. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION,

REMOVAL (Specify)

Dr.A.D.Bonifant

23b. DATE THEREOF

Psymphrey

Parklawn Cemetery 1967

Silver Spring

23c. NAME OF CEMETERY OR CREMATORY

M.D.

PHYS. 22d. ADDRESS

2So. REC'D BY REGISTRAR

DIRECTOR

ndy Sprina

STAFF PHYS.

Maryland

23d. LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE

(Caunty)

5-10-67

(State)

A STATE OF THE RESERVE OF THE STATE OF THE S CHARLES AND THE RESERVE OF THE PARTY OF THE Park Mi. AND OF MERCHANISH PERSONS OF CONTROLS OF THE PARTY OF THE LINES HOLD THE WORLD - IN THE SAME STATE OF A LOCAL CO. the state of the second

		97005	CERTIFICATE	OF DEATH		06988
		PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	A STATE	Where deceased lived, if institution: Res Lungton	sidence before odmission)
		b. CITY OR TOWN (If autside (orporate limits) write NIRAL and give negrest town)	c. LENGTH OF STAY IN 16 3 months	D.	tside corporore limits, write RURAL onc	47.3
00			Road		Connecticut Ar	
	(NAME OF DECEASED (Type or print) SEX_ 6. COLOR OR RACE	Middle Clab	Toole Date of Birth	4. DATE Manth OF May 9. AGE (In years FUN	Day Year 21 19 6 7 IDER 1 YEAR 1 IF UNDER 24 HRS.
)		Final Carasau USUAL OCCUPATION (Give kind of work done	7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR	March 15,19	19 (ast birthday) Mant	
	duri	ning most of working life, even if retired) PATHER'S NAME	INDUSTRY	Oracq w	ont Idahu	COUNTRY?
		Thomas Craig	LA COCIAL SECUDITY NO. LAW	Effie 1	May Hytchise	SN C
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, or unknown) (If yes give war or dates af s	//31	NEORMANU Tool	00 Conn. Alray	Ex Election bex
		18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Metastatio ads	eno Cancino	und to born a Placera	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave nise to immediate cause (a), stating the underlying cause last.	adinocarcinom	2 - primony	either intesting or le	dry
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in	Part I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'a.m. p.m. 19		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Caunty) (State)
H		saw the deceased alive an	attended the deceased fram	death accurred at	· · · · · · · · · · · · · · · · · · ·	n the date stated above.
		220. SIGNATURE	8gn ms M.D		MED. STAFF DIRECTOR PHYS. 5	-21-67
1	1	222. PHYSICIAN'S NAME (Type) Robert T.	Dyer MD	22d. ADDRESS		ivash D.C
	15	BURIAL, CREMATION, REMOVAL (Specify) May 23,	1967, Parklawn Ceme	etery		(County) (State)
1	Wa	Glen Carter Cyler Truer E. Pumphrey. 91	nc. Silver Spring	Md DATE O	BY REGISTRAR 2Sb. REGISTRAL	RS SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 45 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after de UR.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

Rackelle Smill 4400 Connehma Andri Harly Stickley Park Effic Cho Tooke had through so 62 tonuly Comagni personal origination of the Beat and I dark to the State of the state Thomas Craig may Copy and Copy design the Person My trastatio adono come nouse & born - Phone - 2 months adamacano mona - promong estro interme or listing Mexica, Jurinoph to thought 29 hours 5-21-67 815 19 E So mu work DC Supplies Carelons and Supplies Carelons MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07006

CERTIFICATE OF DEATH

0.00	4.7				0.000
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where d		desidence before domission
a. COUNTY	Montgo	omerv MARYLAND	o. STATE New Jers	b. COUNTY	Union
	(If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside co		nd give nearest tawn)
	nd give nearest town)	8 Days	Linden		79.9
	ITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	-	e. IS RESIDENCE
	ical Center, E		1114 Univer	sity Terrace	ON A FARM? YES NO V
3. NAME OF	First	Middle	Lost 4. DA	ATE Month	Day Year
DECEASED (Type or print)	Jane	(NMN) T	reuchtlinger DE	ATH May	2 19 67
S. SEX			8. DATE OF BIRTH 1919	9. AGE (In years IF I	JNDER I YEAR IF UNDER 24 HRS.
Female	White	WIDOWED DIVORCED	12 February	last birthdoy) Ma	nths Doys Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote,		12. CITIZEN OF WHAT
during mast of warkin House	wiie	Own frome	Pennsylva	nia	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	Benjamin S			Mae Wilford	
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT The Medi	cal Reconder	
No	(If yes give wor ar dotes of ser	Not Available !	The Clinical Ce	nter. Bethese	la. Maryland
18. CAUSE OF	DEATH (Enter anly one cause p				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Cardiac arrhythmia			2 ONSET AND DEATH
4161	DUE TO			14 11 %	
Conditions, if on		Metabolic hyperkal	emia		48 hours
rise to immedia	ofe couse (o), (DUE TO		Option		
stoting the und	leriying couse	Rheumatic Heart Di	sease		Years
PART II OTHER		RIBUTING TO DEATH BUT NOT RELATED TO		GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOIL	order controlled controlled	decime to game of the manual to	THE TEXTHIRTY DISERVE CONDITION	orten in trace in of	PERFORMED?
S 200 ACCIDENT W	/AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port Lo	Part II of item 18 \	AEZ XX NO
OR CONTRIBUTION	IG CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRED.	(Lines notice of injury in roll) o	ron in an item 16.)	
3 20¢ TIME OF IN	Y MEDICAL EXAMINER) JURY Manth, Doy, Year	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	Of. (City or town)	(County) (State)
Hour o	ı.m.	While Not While for	tory, street, affice bldg., etc.)	or. (city of town)	(count) (sint)
p	o.m. 19	at work U ot work U	0/ /2005 10.60	2 Mo	10 67 11 184
21. I ceri	deceased alive on2_	ol) ottended the deceased fram_	it death accurred at 1:0	O M from course and	, 19 <u>67,</u> that (4) (we) las
22a. SIGNATUR		19 <u>01</u> , dilu illo	ii dealii accorred di 1 100		2b. DATE SIGNED
ZZG. SIGNATUR		100	ATTENDING MED.	STAFF	
22c. PHYSICIAN	y ulu	. Robbly M.		or LI PHYS. KXI linical Cente	2 May 1967
NAME (Typ		Kokko, MD		f Health, Bet	
DUDIN COLUM					
23a. BURIAL, CREMAT REMOVAL (Specif	4.3			d. LOCATION (City or Town)	(Caunty) (State)
Jans-our	nae May o. I			nden, New Je	
24. JUNERAL DIRECT	In mark	Sky 8434 Georgia 1	Avenue 250. RECD BY RE	1967 25b SEGISTR	AR'S SIGNATURE
warner ?.	Pumphrey, In	c. Julier Spring	Md. DATE OF	1001	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

A STATE OF THE PARTY OF THE PAR . . .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

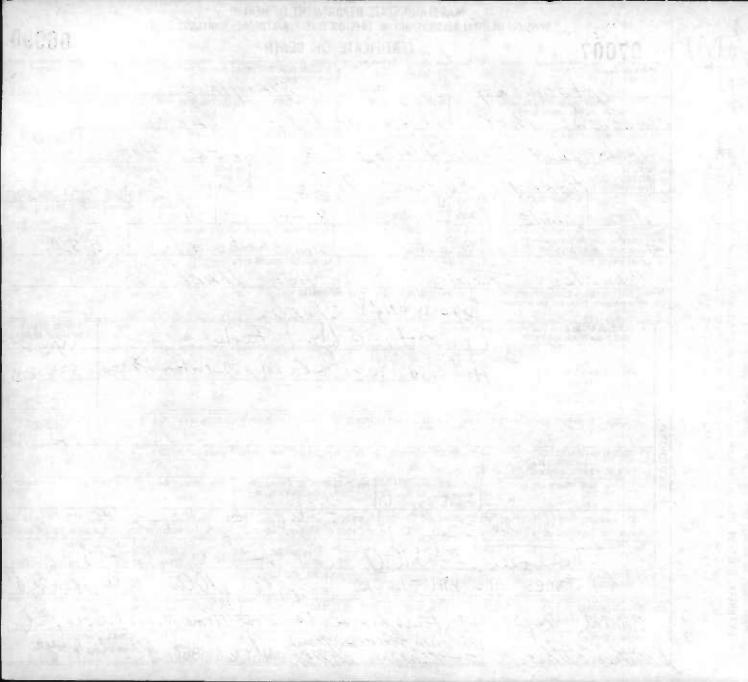
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06990

	07007	CERTIFICATE OF	r DEATH		0000
ī	1. PLACE OF DEATH	2. U	USUAL RESIDENCE (Where of	deceosed lived, if institution: Resid	dence before odmission)
	o. COUNTY	MARYLAND	o. STATE MODEL	b. COUNTY	1 1
-	b. CITY OR TOWN (If outside corporate limits		TITY OR TOWN (If outside of	orporote limits, write RURAL and	nive negrest town)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	173/10		orporote illinis, write Kokaz ond	give neorest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	114 hours	TA KOMA STREET ADDRESS	MARN	15 /
	d. NAME OF HOSPITAL OK INSTITUTION (IT NOT IN HOSPITA	. /			e. IS RESIDENCE ON A FARM?
_	WAShington DAN	, 4 HOSD	2 Lom	ER HUE	YES NO
3	3. NAME OF First DECEASED Hand Page 1	Middle	Last 4. D.	F -	Doy Year
5	(Type or print) TARRY S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8. DAT	TE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 H
	Make Willows		3 -10 -95	lost birthday) Months	
		KIND OF BUSINESS OR 11.	. BIRTHPLACE (County & Stote,		CITIZEN OF WHAT
	during most of working life, even if retired)	INDISTRY @	MASSACH	, /	COUNTRY 3
	13. FATHER'S NAME		MOTHER'S MAIDEN NAME	1	
ı	Charles Twi	110	Adn 4	lopt	
h		6. SOCIAL SECURITY NO. 17. INFORM	MANT .	Address	
ľ	(Yes, no, or unknown) (If yes give wor or dotes of service)	20344364 16	hoot		
=	18. CAUSE OF DEATH (Enter only one couse per line		IAKU	<u> </u>	I INTERVAL DETINE
ı	PART I. DEATH WAS CAUSED BY:	10 (0), (0), one (9.5)	x-1-1611	421	INTERVAL BETWEE
L	IMMEDIATE CAUSE (o)	149×31/08 (0)	01/0011		1400
П	Conditions, if ony, which gove) DUE TO	Leirosclevatio	16211010	Isralan Disa	WAS CI.
	rise to immediate couse (a),	TRIUSCIENT			10 ES 4 ES
L	storing the underlying couse				
	lost. (c)				
CEDTICICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
17131	20o. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter	noture of injury in Port I c	or Port II of item 18.)	110
GED	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d	. INJURY OCCURRED 20e. PLACE OF 1	INJURY (Home, form,	20f. (City or town) (County) (Stot
ME	Hour o.m. 19 Wh		reet, office bldg., etc.)		
	21. I certify that (1) (this hospital) ofte		11/04	, to Man 23, 18	67, that (I) (we
	saw the deceased alive on	-2 1967, and that deat	ith occurred at 6 4	M, fram causes and an	the date stated a
	220. SIGNATURE	TO Boom A	ATTENDING MED.	STAFF 22b.	DATE SIGNED
	Whomas Cu		PHYS. DIRECTO	OR PHYS.	- 23-60
	22c. PHYSICIAN'S NAME (Type) JAMES M.	WHITLOCK !	22d. ADDRESS	MA TEX	in Parkla
		MILL TOCK	To a CINA A		というかり ノハイナードし
0			27/7 4	wound jus	and any or
2	230. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMA		d. LOCATION (City or Town)	(Sounty) (Stote
	230. BURIAL (REMATION 23b. DATE THEREOF REMOVAL (Specific Kay 29, 1967	23c. NAME OF CEMETERY OR CREMA	Cometary (Jalmas Mornes 1/1	(Sounty) (Story)
	230. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMA		Jalmas Mornes 1/1	



a. STATE

a. COUNTY - Mont gomers

b. CITY OR TOWN (If autside carparate limits,

PLACE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 16

06991

ON A FARM?

Year

1967

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSE AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

Inquiry X

NO K

(Stote)

and in my opinian

22. DATE SIGNED

F	01	?	ST.	AT	E
HE	AL	V	IJ	DE	PT.
lay i	d 3	Pop		ent o	
ny de	2, an	PM3		artm	
If all	5 1,	arm		e Dec	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is	e Page	with fo		he Stat	(
after	8. Giv	alang)	with t	٦.
hours	Item 1	Office		and 2	Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.
1 24	u.	er's		des	afte
withir	penci	xamin		ile po	haurs
uted	j' in	cal		nit.	n 72
exect	ending	Medi		it perr	withi
be	d:	hier		ransi	vent
shaulo	e war	a the (Jurial-t	any e
cate	ng th	ed t		S Q	ur pu
certifi	wrifir	rward		used a	val, a
This	icate,	be fo		d be	remo
IER:	certif	plubi	es.	shaulc	n, ar
WIN	the	4 5	ur fi	je 3	natio
EX/	cute	age	Ir ya	: Pac	crer
CAL	exe	or.	pd fc	CTOF	urial
MED	please	direc	etaine	DIRE	r to b
UTY	ary, I	neral	be r	RAL	prid
DEP	cessi	e fur	may	FUN	alth
10	ne	七	2	2	He
					11

6M 1/67

autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Washingtond. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS NAME OF 4. DATE DECEASED (Type ar print) DEATH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Dec. 25 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13. FATHER'S NAME 17. INFORMANT (Yes, na, or unknown) HUSBing Home -chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY neumonia -DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) Hour o.m. factory, street, affice bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X death resulted from: Natural causes 170 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball NAME (Type) Address (Street, city, tawn, ar caunty) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Cedar Hill Crematory Suitland. P. G., Maryland 24. FUNERAL DIRECTOR VR A15ME (5) Joseph Gawler's Sons, 5130WWis. Ave., Wash. DCDATE

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

May

Manths

12. CITIZEN OF WHAT

CAR COLLEGE Morning with the state of the state of the De M. Sange Washington-- no steed (see) Kensington Bridge Washington 3601 Western Alberton El lison But then may is M. W. Z. 1887 El Katiras Kalirasi George Va 2182 Ella Burr Charles Olmstend APTON Aussing Hime west 405 1217 E 1719 Bronzher | Procomine Orbin D. Ball 1 8/16/67 Server 17, 1967 Charles Wall Commissioner business or an entire Bosoni during a dore IF . The court of the court

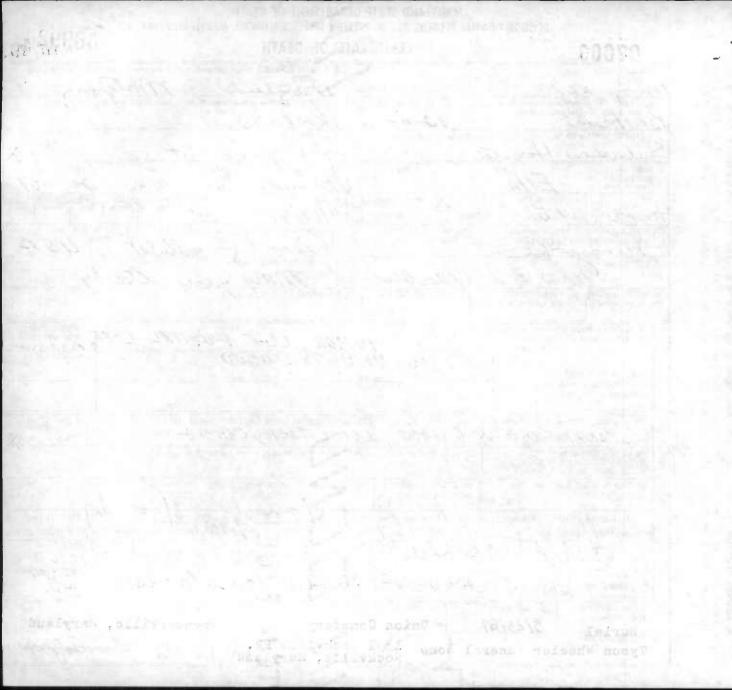
,	27
6	-
	AMOUND
	06992
	.0

0	-	^	0	0	
U	6	U	U	3	

07003	CERTIFICATE	UP DEATH		0000-
1. PLACE OF DEATH . o. COUNTY		2. USUAL RESIDENCE (Where do. STATE	eceosed lived, if institution: Resident	dence before admission)
montgomERY	MARYLAND	margland	Mores	muy
b CITY OR TOWN (If our de corporate limits, write RIJRAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write RURAL	give neores (lown)
Dethesda	12-days	Kichorlle		1511
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS	-/	e. IS RESIDENCE ON A FARM?
Juleurhan Hospital)	400 Jaseph) St.	YES NO X
3. NAME OF DECEASED (Type or print)	Middle V	AN Bilder Di		Doy Year
S SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED B	B. DATE OF BIRTH	9. AGE (In years IF UND Month)	ER 1 YEAR IF UNDER 24 HRS.
	OWED DIVORCED /	1/19/98	yrs.	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	or foreign country) (acutte (a)	COUNTRY? SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		4
John B.	yauger	May S	lane Das	by.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
18. CAUSE OF DEATH (Enter only one couse per li	ine for (o), (b), and (c),)	/		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BRAIN TUM	OR CET F	-RONTAL LOI	ONSET AND DEATH
237 X DUE TO	TYPE INDO	ETERMINED)		2 YEARS
Conditions, if any, which gove) (b)	1010000			
rise to immediate couse (a), Stating the underlying couse				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				19. WAS AUTOPSY PERFORMED?
E CONONANY MINERY	DISEASE, NOO.	or treity can	2014	YES NO X
CORONARY AMERY 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I o	r Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor			20f. (City or town)	County) (Stote)
p.m. 19	While of work foctor	ory, street, office bldg., etc.)	1	1-7
21. I certify that (I) (this hospital) of saw the deceased alive an		death accurred at	oom, fram causes and an	the date stated abave
220. SIGNATURE	Illuly MD	ATTENDING MED.	STAFF C	DATE SIGNED 67
22c PHYSICIAN'S NAME (Type)	NUDENBERG	- 122d. ADDRESS 166:	1 2	SIC SPG
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY 23	d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify) 5/23/67	Union Cemet	tery	Spencerville,	Maryland
24. FUNERAL DIRECTOR	ADDRESS 331 ROC	kville PK	GISTRAR 2Sb. REGISTRAR	SIGNATURE
Tyson Wheeler Funera	Rockvill	Le Maryland	22 1967 fc	carles judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hod Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67



3

FOR STATE HEALTH DEPT.

P.M. Pag

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1

Health or its designated agent, priar to burial, cremotion, or removol, and in any TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages

MALEXAMINER: This certificate should be executed within 24 haurs after death.

TO DEPUTY ME

land 2 with the Stote Deportment of event, within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

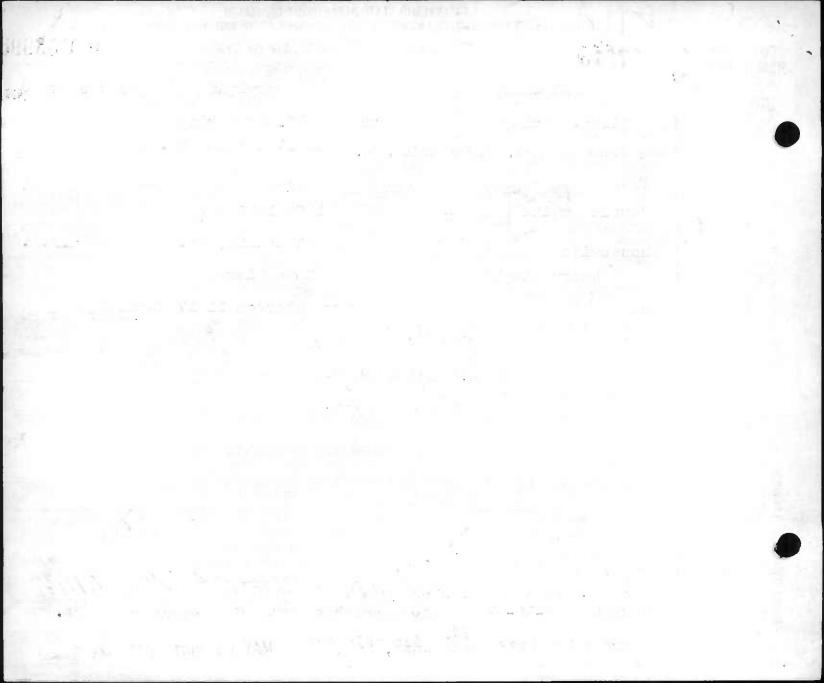
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06993

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
Montgomery	MARYLAND	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest tawn) Silver Spring	4 yrs	Silver Spring (5.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi		d. STREET ADDRESS e. IS RESIDENCE
Holy Cross Hospital, Silver	Spring, Md.	11817 Charles Rd. ON A FARM? YES NO 🔀
3. NAME OF First	Middle	Lost 4. DATE Month Doy Year
(Type or print) Mary	Ann	Vanish DEATH May 6 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH 9. AGE (In yeors IF UNDER YEAR IF UNDER 24 HRS. 11 24 1892 Iast birthday Months Doys Hours Min.
	DIVORCED	74 Yrs.
during most of working life, even if retired) IND	ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State or foreign country) Pottsville, Pa. 12. CITIZEN OF WHAT COUNTRY?U.S.A.
housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Henry Stephanie		Emma Pieron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S		NFORMANT Address
(Yes, no, ar unknown) (If yes give war or dotes of service)	Ma	ry Peterson 11817 Charles Rd
18. CAUSE OF DEATH (Enter only one couse per line for	o), (b), ond (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rute Ma	essive Rectal ONSET AND DEATH
5 40 DUE TO //	0	1 +
Conditions, if ony, which gove (b)	morrhag	re secondary lo
rise to immediate cause (a), stating the underlying couse	11- 2000	
lost. (c) Gog	sue lille	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
2Dg. EXTERNAL CAUSE WAS 2Db. DES	CRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port I or Part II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour o.m. While of work	1001 1111110	ory, street, office bldg., etc.)
21. I certify that I taak charge af the rem		ld an Autapsy, Inspection, Inquiry, and in my opinion
death resulted from Natural causes		ide, Homicide, Undetermined monner
11111	4//	CHIEF MEDICAL EXAMINER
SIGNATURE / Allen / Cy	and	_M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S BELDEN R. 1	READ, M.D.	DEBUTY MEDICAL EXAMINER AND May 7,1967
230. BURNAT SREMATION, READVAL (Specify) 235 DAFOHERE?	Hory osepuro	Street Cemetery. Location (City of Jowe (Country a. (Stote)
24 FUNERAL DIRECTOR A Pumphrey 75	Zewascongin	Ave 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A Pumphrey Bei	cnesda, "Md"	DATE MAY 11 1967 Schools Justice

VR A15ME (5) 6M 1/66

5 may be retoined far your files.



06994

07011	CERTIFICATI	E OF DEATH		00332
PLACE OF DEATH O. COUNTY			Where deceased lived, if institution	
Montoom	ERY MARYLAND	a. STATE MAI	ey/And b. COUNTY	PR. GENEGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utide carporate limits, write RURAL	and give nearest tawn)
TAKOMA PARK	10 days	W. Hy.	ATTSVILLE	16.
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	11 0	e IS RESIDENCE ON A FARM?
Washington Sai	v. + Hosp	6800	35th. Hu	YES NO
NAME OF PIEST	Middle	last last	4. DATE Manth	Doy Year
(Type ar print) SEX 6. COLOR OF RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
A 1 1 1 1	VIDOWED DIVORCED	11-19-	lost birthdoy)	Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	8 State, ar fareign country)	12. CITIZEN OF WHAT
uring mast af warking life, even if retired) Housewife	INDUSTRY	Po	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNTRY?
3. FATHER'S NAME	1 1	14. MOTHER'S MAIDEN	NAME	4.011
Anthony WAIC	hulls	EUEI	UN BALUS	Ku.s
S. WAS DECEASED EVER UV.S. ARMED FORCES? (Yes, no. ar unknawn) (If yes give wor or dotes of sen	vice) 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No	179-28-6026	Chart a	t Hospital	
1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	7 1 F	>		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) _	Turnend)	newowe		3 days.
Conditions, if any, which gave (b)	CVA = 1X	1 10.1	1.400	11 de-
rise to immediate couse (o), Stating the underlying cause	- CI V	- Jack		
last. (c)	Hardertermi	ASHD.		6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Valutes	milletus			YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature af injury in	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year		ACE OF INJURY (Hame, far		(County) (State)
Haur a.m. p.m. 19	While at work at work	ctary, street, affice bldg., etc)	
21. I certify that (I) (this hospita		5/1,	1947 to 5/11	_, 19 <u>6</u> 2, that (I) (we) l as
saw the deceased alive an	1967, and the	at death accurred at	Z 33 M, fram tauses an	d an the date stated above
22g_SHGNATUME	, M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-11-67
22c. PHYSICIAN'S NAME (Type) HUGH IF	EY	22d. ADDRESS 7	105 Riggs Roa ewisdale, Mar	nd Tyland
3a. BURIAL, CREMATION, 23b. DATE THEREOL	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial 5-13-67			y Plymouth To	
24. FUNERAL DIRECTOR	ADDRESS			TRAR'S SIGNATURE
ROBERT A. PUMPHRE	EY, Bethesda, Ma	ary Land MA	1 9 1967	arles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Dineral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs at Page 4 may be retained by the haspital ar attending physician.

Sortial Co-Clair, Joseph a (American the continue to the Conti Posses w. Intervent, Sathbasts, maryland Mar la Ray, William Decket

18 Film 390 7-10-67 @MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7012		CERTI	FICATE	OF DEATH			05995
1. PLACE C					2. USUAL RESIDENCE a. STATE	Where deceased lived, if institu		before odmission)
Mo	ntgomery			RYLAND				V
b. CITY	OR TOWN (If outside corparate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	Utside carparate limits, write RC	IRAL ond give n	learest town)
	RURAL and give nearest tawn) Bethesda		13 days		Clevel	and	7	12 3
d. NAME	OF HOSPITAL OR INSTITUTION (If no	it in haspital, g	give street address)2	0014	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
The C	linical Center, E	Bethesd	a, Marylan	d	8217 Be	llevue Avenue		YES NO 🔀
3. NAME C DECEASI (Type or	ED 777.7	rst 1	Middle Avonell		Lost Walker	4. DATE Mor OF ME	ay	30 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	
Fema	le White	WIDOWED	DIVORC	ED 5	September	1922 44 yrs.	Months D	Days Hours Min,
10a. USUAL	OCCUPATION (Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY	W. P.	11. BIRTHPLACE (Count	/ & State, or foreign country)	12. CITIZI COUN	EN OF WHAT
H	of warking life, even if retired) OUSEWITE	TIN TIN	None		Penns	ylvania	COOK	USA
13. FATHER					14. MOTHER'S MAIDEN	NAME	FDG/Ligh	
	Robert Deya	armin				Mollie De	yarmin	
IS. WASD	ECEASED EVED IN ILS ADMED ECDCES?	1 16	SOCIAL SECURITY NO.	17. 1	NFORMANT The N	ledical Record		
(Yes, na, ar	unknawn) (If yes give war ar dates o	if service)	Unknown					rvland
18. C/	AUSE OF DEATH (Enter only one cau	se per line for	(a), (b), and (c).)			Center, Bethe cardiac fail Me high outpu		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	17/X DUE	* '						
	ians, if any, which gave	(b) Radi	ation rec	urren	t carcinoma	of cervix		8 months
stoting	immediate cause (a), DUE	ТО						
last.)	(c)			UE TERMINAL PROPERTY CO	Alexander and a second		LIO WAS AUTODOV
PARI	II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING I	O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES NO X
OR COL	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter nature af injury in	Port I or Port II of item 18.)		N. T. C.
WED	IME OF INJURY Month, Day, Year Hour o.m. p.m. 19	While of war	k 🔲 at work 🔲	focto	E OF INJURY (Hame, far ory, street, affice bldg., etc)	(Count	
21 so	I. I certify that (X) (this has now the deceased alive an	pital) attend 30 May	ded the deceased	d fram and that	17 May , death occurred o		, 19 <u>67</u> ond an the	, that (X) (we) last date stoted above
(61 11	ue 11	10 R	M.D			22b. DATE 31 M	lay 1967
	PHYSICIAN'S NAME (Type) Elbert C	Holme	es, M.D.		Institut	he Clinical Ce es of Health,	Bethes	National da, Md.
23a. BURIA	AL, CREMATION, 23b. DATE TH	EREOF	23c. NAME OF CEA	METERY OR (REMATORY	23d. LOCATION (City or To	own) (Co	ounty) (Stote)
	VAL (Specify) urial 3 June	1967	Thompso	on Cen	etery	Hillsdale	India	
	RAL DIRECTOR		ADDRESS				EGISTRAR'S SIGI	
	Albert E. Rairi	gh	Hillsda	le. P	a. DATE	IIN 5 1967	ycuare	es Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and coppletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in each system within 72 hours affected. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nak atampi dara	CONTRACTOR	d=0.5=V uSi	
Esiperi.				14 1 Ex
The state of				
			To be	
		- 1		
Certain St.				
	Partie of the second			3 TEN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07013 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY P.M.3. Page with the Stote Deportment of ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If not in hospital, give street address) forwarded to the Chief Medical Examiner's Office along with form Give Pages 1, 70 hours ofter deoth. NAME OF DECEASED OF DEATH (Type or print) in Item 18. DIVORCED burial-tronsit permit. File pages 1 and 2 10o. USUAL OCCUPATION (Give kind of work don pencil 13. FATHER'S NAME certificate should be executed within .= 16. SOCIAL SECURITY NO. N U.S. ARMED FD RCES? (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fat embolism, pulmonary writing the word any Fracture, left femur Conditions, if ony, which gove rise to immediate cause (a), = DUE TD stoting the underlying couse 0 and i Automobile accident 3 should be used or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) Fractured Left les in auto accident Carrien cremotion, 20c. TIME OF INJURY Month, Doy, Yeor

While of work Not While of work

21. I certify that I took charge of the remains described above, held an Autopsy

factory, street, office bldg., etc.)

Hyattsville

Undetermined manner

23d. LDCATION (City or Town)

Inspection 🔀

ond in my opinion

WAS AUTOPSY PERFORMED?

YES X

06996

12. CITIZEN OF WHAT

Natural causes , Accident , Suicide . Hamicide death resulted fram: SIGNATURE

Inc.

1967

ASSISTANT MEDICAL EXAMINER 7936 Old Georgetown Rd. DEPUTY MEDICAL EXAMINER DEPUTY Address (Street, city, town, or county)

CHIEF MEDICAL EXAMINER

22. DATE SIGNED

(County)

5 mc, TO FUNERA. Health prior t BURIAL CREMATION

1967

Ball

Forest Lawn Cemetery

23c NAME OF CEMETERY DR CREMATORY

250. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

may be retained for your FUNERAL DIRECTOR: Page

Page

funerol director.

the 1

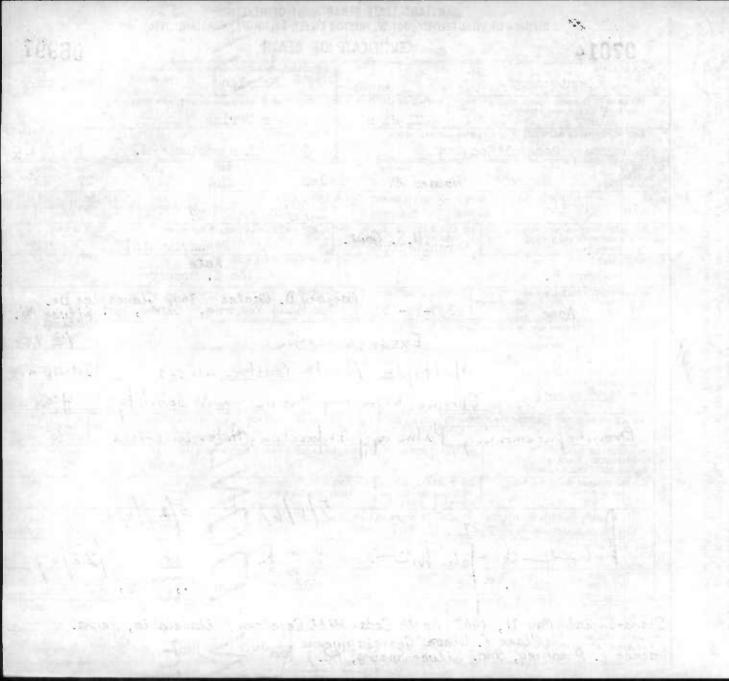
Marie Janes Comment 78 H. W. S. S. E. Hower Transferring Tile or The way JU lever Out - Margital 9340-124 Herthery of Except These Waller I Then it Mile white I 3 13/45 22 Statut Till It washingtonle item George Francisco Wast. Charlette Callang The second state of the second state of the second state of the second s vertically call the day my is a company 3 34,000 Southwest att 5 page 1 1 ft anni moderated Light leag in the decided company tot confered 1026 4/21 61 X HIOVARY HARRING SE SUNF John 5 Bull 726012 BW 7 The strike sinner Manual Tan , the period of the and the second second

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours affice death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

CERTIFICATE OF DEATH

06997

0701	4		CERTIF	ICATE	OF DEATH			0	6997
1. PLACE OF DEATH o. COUNTY	Montgomery		MARY	rland	o. STATE Mary	Where deceosed live	d, if institution: b. COUNTY		e odmission) Geomery
b. CITY OR TOWN write RURAL or Oln	(If outside corporate limit ad give nearest town) EV	s,	c LENGTH OF STAY I		c. CITY OR TOWN (If our Silver S		ts, write RURAL	ond give neores	t town)
100000000000000000000000000000000000000	tal or institution (if no ery General				d. STREET ADDRESS 3642 GJ	len Eagle	s Rd.		e. IS RESIDENCE ON A FARM? YES NO SE
3. NAME OF DECEASED (Type or print)	Henry	rst H	Middle oward XX	Wa	lost ples	4. DATE OF DEATH	Month 5	Doy 27	Year 19 67
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		12/7/89			UNDER 1 YEAR On ths Doys	Hours Min.
during most of working Theinee		10b. KI IN A.1	ND OF BUSINESS OR DUSTRY U.S. Chitectur	out.	11. BIRTHPLACE (County	Pennsy		12. CITIZEN OF COUNTRY?	USA
13. FATHER'S NAME He	nry R. Wapl	es				NAME Kate Ada K. Go	sner		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes) None	of service) 16. 1	social security no.	5 Max	Hospital Re	oles, 36	42 Glen Olney,	eagles Md. Si	Dr. Wd.
PART I. DEA 29 Z Conditions, if on- rise to immedio stoting the und- lost.	te couse (o), erlying couse	(o) TO M (b) M TO Chr	Exsaultiple unic Ref	Ac	netin ute Gast y Anemia	and	debilit	24 4	48 hrs.
200. ACCIDENT W. OR CONTRIBUTING	Chopnesson Chopne	neta,	Pulmoney	y I	TERMINAL DISEASE CON	Arterio	sderosi	19. YI	WAS AUTOPSY PERFORMED?
20c. TIME OF IN.	JURY Month, Doy, Yeor .m. 19	20d IN While of work	JURY OCCURRED Not While of work		OF INJURY (Home, form ry, street, office bldg., etc.)		or town)	(County)	(State)
21. Cert	ify that (I) (this has leceased alive an <u>™</u>	pital) attend ay 27	ded the deceased 19 <u>67</u> ,	framand that	death accurred at	9ta_= LO:36M, fran	causes and	19, th an the dat	at (I) (we) la e stated abav
220. SIGNATURE	had a	Jel	Mo	M.D.	ATTENDING PHYS.		STAFF PHYS.	22b. DAVE SIGN	16.
22c. PHYSICIAN' NAME (Type	Richard A.	Yates				imore Rd.	, Olney	, Maryl	Land
230. BURIAL, CREMATI REMOVAL (Specif Trans-bur 24. FUNERAL DIRECT	rial May 31	1967 E E. Wi	North Ce	dar H	ill Cemeter	D BY REGISTRAR	25b. REGIST	(County Penna RAR'S SIGNATUR	
	(1) West Land		som Georgi	na Au	denne 250. Ref.	N 2 196		ianles	udg



06998

- (dV)		07015	CERTIFICATE	OF DEATH		00330
de ath	1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution:	Residence befare admission)
funeral 1 ond er deat		o. COUNTY Montgomery	MARYLAND	o. STATE	COUNTY	Thank a.
urs after y the fur Pages 1 urs after		b. CITY OR TOWN (If outside arporate limits, write RUPAL and give neorest tawn)	c. LENGTH OF-STAY IN 1b	c. CITY OR TOWN If outs	ide carporate limits, write RURAD	ond give nea est town)
hours of the hours of hours		Selver Storing	33 years	alever sy	sring_	1.5.1
4 hou d in b sers.		d. NAME OF HOSPITAL OR INSTITUTION OF not	in haspitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
filled in popers.	4	had ares	Hospital	909-Nor	thurst Drive	YES NO
that the death certificate be executed within 24 hours after death an. by the ottending physician and completely filled in by the funeral tronsit permit. Then pleose remove carbon papers. Pages I on a crematian, or removal, and in any event, within 72 hours after death	3.	NAME OF DECEASED (Type or print)	Middle /	VARd	4. DATE Month OF DEATH See	Day Year 2-6 1967
omp ve c eve	S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. anths Days Haurs Min.
execution complete co		Male White	WIDOWED DIVORCED	11-9-1904	62 YIS.	
ate be exe ician and a leose remo ond in any	10c	i. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
icate b rsician pleose I, ond i		Insurance	Self Self	Englano		COUNTRY U.S.A.
physician en pleose oval, ond	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
The The	15	Mervin Ward. WAS DECEASED EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURITY NO. 17, 1	NFORMANT	Milligan	
re death certific ottending phys permit. Then p ian, or removal,		es, na, ar unknown) (If yes give wor or dates of	service) 216-10-2313 11	NTOKMANI	ard Son-15	helville Md-
the d he off if perr atian,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	per line far (a), (b), and (c)	in	1	INTERVAL BETWEEN ONSET_AND DEATH
that than the by the ronsit cremati		I MMEDIATE CAUSE (c	1) accelerance	Backeall	ufasellar	ONSCI AND DESIR
quires that to physician. signed by the buriol-tronsit buriol, creman	42	Conditions, if any, which gave)	1		11.00	. Illus
physicic signed buriol-t	4	rise to immediate cause (a),		is of the	or lecesed	1 47
to the state of th	F	last.				
The law of the standing of the	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
IAN: The roll or or discare he for use Health	-) 를	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	ort I ar Part II af item 18.)	10 110
of The Popularies		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
by the hospital of the hospital of the hospital of the this certification be detoched for State Dept. of He	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'a.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
			ital) attended the deceased fram	1962 19	12 to 5/24	, 196 Ahat (I) (we) las
RE. JR.	0	saw the deceased alive an	1907, and that	death accurred at		on the date stated above
AT et al	1	22q STGNATURE	8100	ATTENDINGM	NEO. STAFF	22b. DATE SIGNED
y be r y be r l DIRE age 3 filed v	8	Muca	scalary M.C). PHYS. La D	IRECTOR L PHYS. L	7/26/62
O HOSPITAL OF Poge 4 moy be O FUNERAL DIF director, page should be filed	4	22c. PHYSICIAN'S NAME (Type) Dr. Berr	nard J. Walsh	22d. ADDRESS	Ege M. U	.1!
O HOS Poge 4 O FUNI directo should	230	BURIAL, CREMATION, 23b. DATE THER			23d. LOCATION (City ar Tawn)	(County) (Stote)
5 5 5 E		BUY1(Sp1ify) 5-31-1				Co. Md.
VR A15 (4)	24	Loseph Gawler's	Sons Wash D C	2Sa. REC'D	BY REGISTRAR 2Sb. REGIST	RAR S SPGNATURE
25M 1/67	1	oron wisc. Me.	wash.D.C.	DATE	0 4 1000 001	

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. COUNTY b. COUNTY MARYLAND nonlaomer monigomery margland b. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) months d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 16 42,140m 3. NAME OF 4. DATE Month DECEASED (Type or print) Dar DEATH 1967 S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE IF UNDER 24 HRS NEVER MARRIED (In years last birthdoy) Dovs WIDOWED DIVORCED 2-3-1886 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY S. Maryland Retired Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ignatius Bill Ward Elizabeth Garrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Wife 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (III yes give wor or dotes of service) 213-40-9408 Margaret S. Ward Same as Item 2. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH THROMBOSIS MULTIPLE MMEDIATE CAUSE (o). DUE TO PERTENSION Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse ARTERIOS CLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) LURE AZOTEMIA - GORONDEN IN 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Pay II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram JANUARY, 1960, to WHA 3, 19.67, that (1) (we) last 1969, and that death accurred at 2.45 PM, fram causes and an the date stated above. saw the deceased alive an MAV 220. SIGNATURE DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRES NAME (Type S. RØSENBERGER GORDON 230. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify) Burial 5-5-67 Rockville Cemetery Rockville, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland

death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by the Pages A papers. Pag thin 72 hours (.⊑ campletely filled ent with carban remave 0 any and ar remaval, burial, crematian, the burial-transit signed by be retained by the hospital or attending physician. far use as the t f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been detached Dept. filed directar, page 3 shauld be filed Page 4 may

> VR A15 (4) 25M 1/67

THE TARRANCE THE STREET AND THE STREET AND THE STREET 14717 . 2 . Day Commission of the Co Transite 9722 bird . C. Santa Mile . Wille . Santa Long . Santa . Sant TENNESS TO THE PROPERTY OF THE PARTY OF THE A STATE OF THE PARTY OF THE STATE OF THE STA A CONTRACT OF THE PROPERTY OF Bustant all Sasast and I work and a local sast and the control of ARE SHOULD BE SH

กรถกล

	07017	CERTIFICATE	OF DEATH		01000
	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (When	re deceosed lived, if institution: b. COUNTY	Residence before odmission)
,	Montgome	ry MARYLAND	May	pland 1	nontgomly
Ł	b. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourself	e corparate limits, write RURAL o	nd give nearest town)
	Betheada	, d/aays	Bes	reington	15.1
(hospitol, give street oddress	d. STREET ADDRESS	00 11: 1	e. IS RESIDENCE ON A FARM?
	NAME OF First	Middle	last 4.	DATE Month	Doy Year
-	NAME OF DECEASED (Type or print) First Clype or print)	McKeever (1)	nother)	OF May	13 1962
-	(1)		8. DATE OF BIRTH	9. AGE (In year) IF	UNDER 1 YEAR IF UNDER 24 HRS.
	7 W V	VIDOWED DIVORCED	11-10-1894	lost birthdoy) Mo	onths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UII	ng most of working life, even if setired)	INDUSTRY	Marylan	d Tonaconing	4.5/
3.	FATHER'S NAME	n. a U	14. MOTHER'S MAIDEN NAM		
	Albert + 1	n Reever	Julia	Unn Or	2.
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no_or unknown) (If yes give wor or dotes of ser	vira)	INFORMÁNŤ	Address	same as above
	no	None 12	ushful Will	land warther	~
	18. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY:	g line for (o), (b), ond (c).)	A. 000	1 Daglas	INTERVAL BETWEEN ONSET AND DEATH
	180X IMMEDIATE CAUSE (0)	Taranama - Pr	www	711000000000000000000000000000000000000	20
	Conditions, if ony, which gove) (b)				
	rise to immediate couse (o), Stating the underlying couse				
	lost. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
KIII	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)			L out	(5, -1.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
W	p.m. 19	ot work U ot work U	And II is	67 to May 13	10/24 404 11
	21. I certify that (I) (this haspital saw the deceased alive on			7,10	an the date stated above
	220. SIGNATURE	7 7, dild illo	dealli accorred at 4		22b. DATE SIGNED
	310 0	man _ M.	D. PHYS. ME	D. STAFF LECTOR PHYS.	may 13 1967
Н	22c. PHYSICIAN'S		22d. ADDRESS 541		Lane
	NAME (Type) H. P. DOA	RMAN	Be-	thesda, Mary	land
230	D. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	Burial 5-15-6		Cemetery	Rockville,	Maryland
24 P	I FUNERAL DIRECTOR OR FRT A PIIMPHRFY	Bothoeda Mam	250. REC'D B	REGISTRAR 256. REGIST	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital or attending physician.

the spin and more manifestally be to the to the spin and the nitre of property, the the said, Mary Limit Later of the North Said

97018	Item 2/ FCERTIFICATE	OF DEATH /67 see	07001
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if	
Montgomery	MARYLAND		b. COUNTY /
b. CITY OR TOWN (It outside carparate lights,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside carparate limits, w	
write RURAL and give nearest town)	23 days	(1)	
DECRESSION OF THE PROPERTY OF		Capan Hell	16 pet prives
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Subuphon		63H Carsen a	YES NO
3. NAME OF First DECEASED (Type or print)	Cook Shat	Lost 4. DATE OF DEATH	Month Doy Year
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In y	. / /
10o, USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED DIVORCED	1-23-11 2 Last birth	yrs.
during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY U.S. Past O. Laise	11. BIRTHPLACE (County & State, or foreign country)	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN AME	
Serve 10		7/11/2 2001 81	e. R. almel.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT /	Address
(Yes, go, or unknown) (If yes give wor or dotes of	ervice)	1/2 1/11 2-	Hadion James and
Concy. WWI.		ts. Nelen H. Walson	a corre
18. CAUST OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Domitonitie		INTERVAL BETWEEN ONSET AND DEATH
1530 DUE TO			
Conditions, if ony, which gove) (b	Adamaanainama	scending colon	
rise to immediate cause (a), (
storing the underlying couse			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item	1B.)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	own) (County) (Stote)
21. I certify that (1) (this hospi	tal) attended the deceased from 2 11,1967, and that	death accurred at 6136M, fram	19 <u>67</u> , that (I) (we'll law sees and an the dote stated above
220. SIGNATURE	122ann M.D	ATTENDING MED. STAF	
22c. PHYSICIAN'S NAME (Type) FREDER	ICK Y. DONN	10400 Comothe	where tendington my
23o. BURIAL, CREMATION, 23b. DATE THERI			, , , , , , , , , , , , , , , , , , , ,
Burial 5/15/6			George, Maryland
24. FUNERAL DIRECTOR Robert E. V	Vilhelm Funeral Home	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
4308 Suitland Road,	Suitland, Maryland	DAMAY 1 6 1967	Miarley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and semplestely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in dry event, within 72 hours out VR A15 (4) 25M 1/67

The same of the same of the same of man to the contract of the con The contract of the same state the second to the second of th

the funeral directar. may be re Health ar VR A15ME (5) 6M 1/66

REMOVAL (Specify) TIA. FUNERAL DIRECTOR

12. CITIZEN OF WHAT COUNTRY? Mrs. Margaret C. Welsh, Wife. INTERVAL BETWEEN ONSET AND DEATH Ruptured abdominal aortic aneurysm with WAS AUTOPSY PERFORMED? YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (City or town) (County) (Stote) Inquiry and in my opinion Undetermined manner 22. DATE SIGNED NAME OF CEMETERY GR CREEN FOR 23d. LOCATION (City or Town) (County) 2So. REC'D BY REGISTRAR

e IS RESIDENCE ON A FARM?

Doy

17

Doys

IF UNDER 1 YEAR

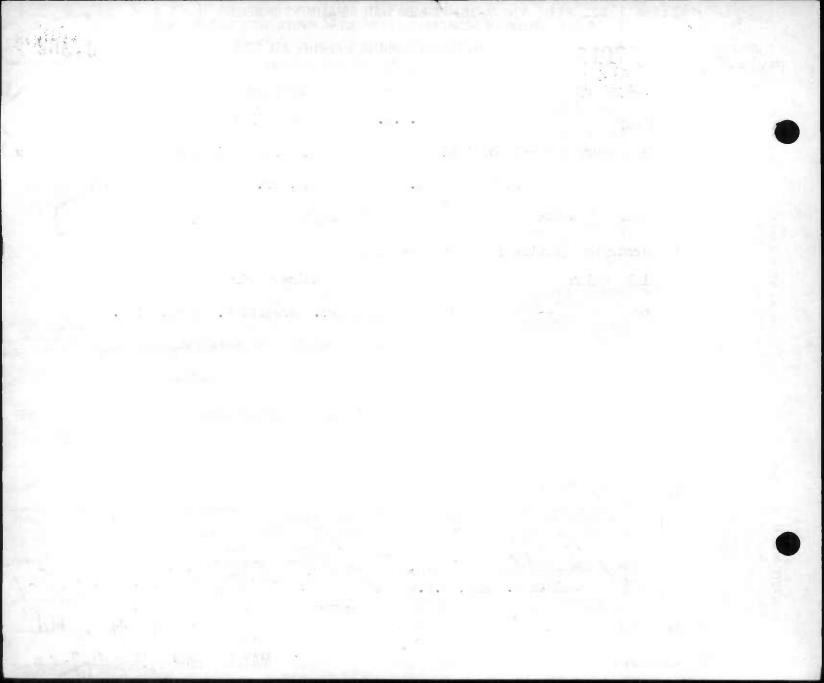
Months

YES NO EX

19 67

IF UNDER 24 HRS

Haurs



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

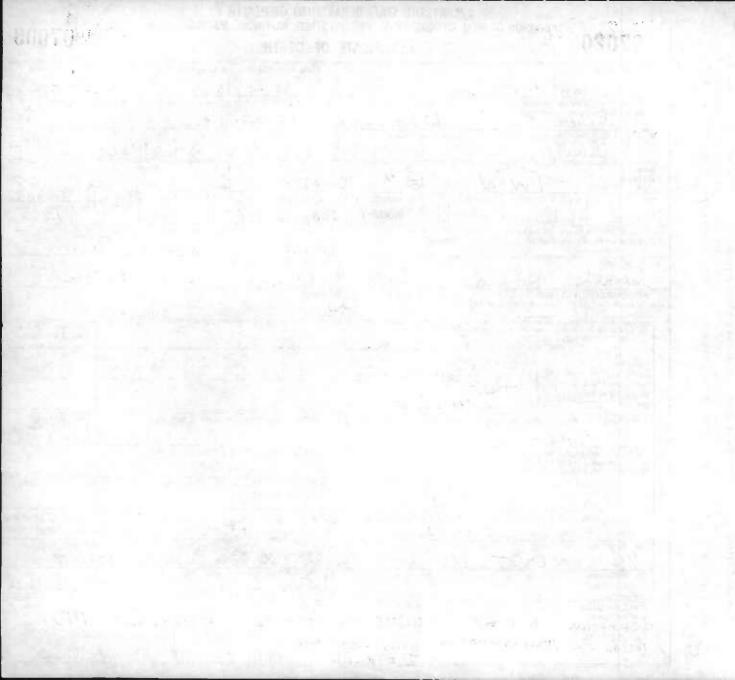
07009

	UZUZU	}		CERTIF	ICATE	OF DEATH				0.101	10
	PLACE OF DEATH G. COUNTY	lont som	1 1 // .	MAP	YLAND	2. USUAL RESIDENCE (o. STATE	1 ()	ived, if institu b. COU		1	
	b. CITY OR TOWN (If outside corporate limit give nearest tawn)		c LENGTH OF STAY	IN 1b	C. CITY OR TOWN (If or	utside carporate li	mits, write RL			J
-	d. NAME OF HOSPIT	al or institution (if ruban	ot in hospitol, gi	ive street oddress)		d. STREET ADDRESS	abin S	ohn'	Pkwy	e IS RESIDE ON A FAR YES N	NCE M?
	NAME OF DECEASED (Type or print)	Tw	irst I N	" Biddle	L	Uhite	4. DATE OF DEATH	ma		Doy Year	,7
-	sex Nale_	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCEI	42	DATE OF BIRTH	lo	GE (In yeors st birthdoy) yrs.	Months D	oys Hours	Min.
	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		Montgom	0	country)	12. CITIZE COUN	N OF WHAT	
13.	Delal &	a Hi	n son	whit	e	14. MOTHER'S MAIDEN	name G	ail	Lu	tz	
IS. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16. S	OCIAL SECURITY NO.	17. H	HCCC		ald	ress OVL.		
	1B. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	K.o.	(o), (b), and (c).) sperates	, J.	reluse				ONSET AND DEA	
	Conditions, if ony rise to immediat stating the underlost.	, which gove e cause (o),	(b) Sm (c) Preu	materie	ty Delu	renj		Ä			
ATION	PART II. OTHER SI	GHEICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WAS AUTOP PERFORMED YES N)? _
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	While	JURY OCCURRED Not While of work		E OF INJURY (Home, formary, street, office bldg., etc.		ity or town)	(Count	Y) (St	tote)
	saw the d	21. I certify that (I) (this haspital) attended the deceased fram 5/28/67, 19 to 129/67, 19, that (I) (we) los saw the deceased alive an 5/28/67 19, and that death accurred at 3/28/M, fram causes and an the date stated above									
	22a. SIGNATURE		null		M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE 5/3e	/	
	22c. PHYSICIAN'S NAME (Type					22d. ADDRESS 5415- h	1. Cedar	La.	Beth	uda h	10
230	REMOVAL (Specify)	EREOF -67	SUBUR	BAN	HOSPITAL	BE	ON (City or T	SDA, (Co	mp (Sto	ote)
24	. FUNERAL DIRECTO	0 /	STRATO	ADDRESS		1 Hee 250. REC	D BY REGISTRAR	2Sb. R	REGISTRAR'S SIGN	NATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

202

DATEUN



07021

CERTIFICATE OF DEATH

07004

Ī	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STAKE b. COUNTAGE b. COUNTAGE b. COUNTAGE c. STAKE D. COUNTAGE D.
1	Municamer	MARYLAND / Keryland Monegomery
		EMBTH OF STAY IN 1b c. CITY OR OWN (If auxide corporate limits, write RURAL and give nearest town)
L		31 DAYS Silver Spring 15.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	reet oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	HOLY CROSS HOS	SPITAL I 2602 NANDULPH KOAD YES INON
3	NAME OF / Pirst	Middle Middle Lost 4 DATE Month Doy Year
Ļ	(Type or print)	E, 1/17/1/ DEATH // CAY 3 196/
2	Male Cauc, WIDOWED	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Hours Min. House Min.
	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even in gired)	
-	mant, assu, U.D	S. GOVIT. Massachuselle 45th,
1	3. FATHER'S NAME	14. MOTHER MAIDEN NAME
L	ELLIOTT WH	4/TE Unknown
	Yes, not or unknown) (If yes give wor or dates of service)	SECURITY NO. 17. INFORMANT Address (SAME)
	Ves Will 903-14	4-5235 FLORENCE E. WHITE (WIFE)
	48. CAUSE OF DEATH (Enter only one couse per line for (o), (b). PART I. DEATH WAS CAUSED BY:	ONICET AND DEATH
	IMMEDIATE CAUSE (o)	RHOSIS OF THE LIVER ONSEI AND DEATH
	Conditions, if ony, which gove) DUE TO	NDARY TO ETHYLISM
	rise to immediate couse (o),	NDARY TO ETHYLISM
	stoting the underlying couse (c)	
	/ 01	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TION	TAKT II. OTILK SIGNIFICANT CONDITIONS	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO
ELCA	20o. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE H	HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL CEDITICICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(2.55 No. 10 to 1 t
CAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY 00	OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
MED	Hour o.m. While Northwork	Not While at work factory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the	
	sow the deceased alive on MAV 2	1967, and that death occurred at 5 15 PM, from causes and on the date stated above
	220. SIGNAPURE 21	22b. DATE SIGNED
	Kelden KN Sed	M.D. PHYS. ATTENDING MED. STAFF D May 3, 1967
	ZZc. PHYSICIAN'S WAMETTYPE) V= N	APM.D. 22d ADDRESS EATON MARYCAND
2	30. BURIAL, CREMATION. 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	PEMOVAL (Specific)	Parklawn Cemetery Rockville, Maruland
1	24 FUNERAD DIRECTOR mas physics them 8431	ADDRESS 250. REC'D BY REGISTRAR 256. PEGISTRAR'S SIGNATURE
19	James E. Pumphrey Inc. Sill	34 Georgia Huenne DATEMAY 8. 1967 Junes June

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 2 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

The second of the second se	-AAAA
	e some
Late Course and the Course of	Z A
the sense of the same of the sense of the se	
1 24 1761-72-1 X	
	Cirles !
	774
The second of th	
THE REPORT OF THE PARTY OF THE	
MALL TANKET PRE ASSESSMENT OF THEFT	
100000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10	
May 1, 1967 Saskings Constant Short May day and	
May 1, 1967 Taylor Complete Color Co	S record

affer death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

07022

CERTIFICATE OF DEATH

07005

		PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
		a. COUNTY	MARN	MARYLAND	a. STATE	b. COUNTY	PC	
		b. CITY OR TOWN (If autside	carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f autside carparate limits, write RURAL o	and give negrest tawn)	
		write RURAL and give ne	arest tawn)	101	1111		1/71	
	_	A NAME OF HOSPITAL OF IN	ISTITUTION (If not in haspital, a	10 days	d. STREET ANDRESS	47/5 VIIIE	le le presidente	
	1	a. NAME OF HOSPITAL OK IN	istitution (it not in nospital, g	ive street address) (/		110.0	e IS RESIDENCE ON A FARM?	
	-	WASH	AN+ Hasi	OHAL	5706	42Ad AVE	YES NO	
		NAME OF DECEASED	First	Middle	Last	4. DATE Manth	Day Year	
		(Type ar print)	AMES	PAUS h	HILE	DEATH 5	020 1967	
	S. :	SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR 1F UNDER 24 HRS.	
		M	₩IDOWED	DIVORCED	7-12-	87 79 yrs.	anths Days Haurs Min.	
	10a.	. USUAL OCCUPATION (Give ki	nd of work dane 10b. KIN	ID OF BUSINESS OR md.	11. BIRTHPLACE (Cau	inty & State, ar fareign country)	12. CITIZEN OF WHAT	
	duri	ing mast af warking life, even		OKNIEN.	1	V.C	COUNTRY?	
	13.	FATHER'S NAME	JAVIII .	The state of the s	14. MOTHER'S MAID	EN NAME		
		Z)illIAY	n 7,74,77	5	2111	nv Hinn	<	
Н	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Address	3	
	(Ye	s, ng. ar unknawn) (If yes gi	ve war ar dates of service)	4-10-6763	N 1 -	t		
					charl			
		PART I. DEATH WAS	ter anly ane cause per line far		-/1 . //	10. 01.	INTERVAL BETWEEN ONSET AND DEATH	
Н		In a la	AMEDIATE CAUSE (a)	reumonia, m	ght upp	es I sower erre	3 4 duys	
		///X	DUE TO	1 1 1	11/11/	1. 01.	1 71	
		Canditians, if any, which g rise to immediate cause	(0)	restele re	lated Tot	esection or lest u	olor ladys	
		stating the underlying co			c 53 J	/ /	1	
		last.	-) (a) <u>C</u>	vernoma o	I Meclo.	sigmoid colon	671105	
	Z	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE	CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?	
	CERTIFICATION	Carci	noma of	Prostate	- 3 400	375	YES NO	
-	F	20a. ACCIDENT WAS UNDERL	YING ☐ 20b. DES	CRIBE HOW INJURY OCCURRED.		in Part I ar Part II af item 1B.)		
	CER	OR CONTRIBUTING (CAUSI (IF EITHER, NOTIFY MEDICAL						
	MEDICAL	20c. TIME OF INJURY Mar		JURY OCCURRED 20e. PLAC	E OF INJURY (Hame, f	form. 20f. (City or town)	(Caunty) (State)	
	MED	Haur 'a.m.	While	Nat While facto	ary, street, affice bldg.,		(5,6,6)	
		p.m.	di waik		102 10	10/1/ 10/1/ 10/10	106/7 41.4 (1) () (
		caw the decases	(I) (this hospital) offend	ed the deceased from	dooth occurred	, 1967, ta May 20 at 4:20 PM, from causes and	on the date stated of	
		22a. SIGNATURE	dive on 11 to a di	17 <i>14</i> , und intui	deolal occorred		22b. DATE SIGNED	
		ZZU. SIGNATURE	37		ATTENDING	MFD. STAFF - I	- 11 - 1 - 1 - 1 -	
		OD DIDVENCIANIE	sammar	M.D	PHYS. LE	DIRECTOR L PHYS. L	Moy 21, 1967	
		22c. PHYSICIAN'S NAME (Type) Dr	. W. W. Easti	man, M.D.		versity Blud. E. S	WeiSpring md	
	00						7 10	
		BREMOVAL (Ipecify)	23b. DATE THEREOF 5/23/67	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)		
			3/43/01	Ft. Lincoln		Colmar Mar		
		. FUNERAL DIRECTOR		ADDRESS	2Sa. R	FED BY SECUTIVA 967 256. ALGERTH	RAR STEMATURE	
	F	rancis Gaso	h's Sons Hya	ttsville, Md.	DATE	100	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

37028 State of American State of State Maying in the Thirt store 1977 years are not recommended. 10 64 5 H

07023

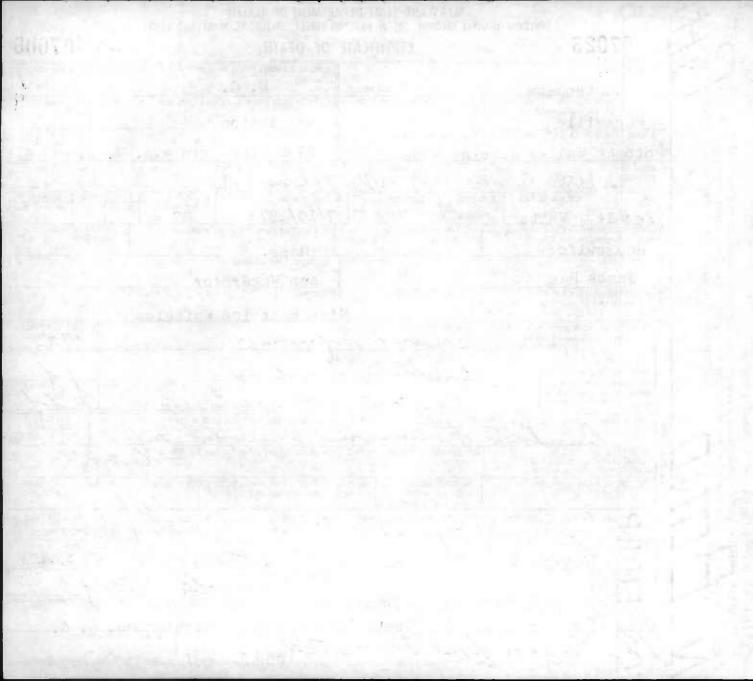
CERTIFICATE OF DEATH

07006

1	The state of the s	0 0 0 0 0							
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)							
	o. COUNTY Montgomerv MARYLAND	o. STATE D. C. b. COUNTY							
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURAL and give nearest tawn)								
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Washington 47.3 d. STREET ADDRESS e. IS RESIDENCE							
		ON A FARM?							
	otomac Vallev Nursing Home	2730 Wisconsin Ave. N. W. YES NO							
3.	NAME OF DECEASED (Type or print) First Euroce R Middle	Helan S - 37 19 67							
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS							
	Female White WIDOWED DIVORCED	7/10/1879 lost birthdoy) Months Doys Hours Min.							
	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT							
dui	ring most of working life, even if retired) INDUSTRY HOUSEWIFE	Mass.							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	James Rae	Ann MacGreen							
15		Ann MacGregor INFORMANT Address							
(Y	es, no, or unknown) [(It yes give wor or dotes ot service)]								
		iss Beatrice Whitelaw							
	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN OUSEFFAND DEATH							
	IMMEDIATE CAUSE (a)	forten Toh							
1	332X DUE TO 1191								
	conditions, if ony, which gove tise to immediate couse (o),								
	stoting the underlying couse DUE TO								
	last. (c) Chural (certenosclusies hill							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?							
ATIO	Deselotion & neumond	Systemic Intern YES NO D							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of friury in Port I or Part II of item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	theory							
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)							
MED	Hour 'o.m. While Not While foc	tory, street, office bldg., etc.)							
	p.m. I diwork a bi work	4/29 / 1962 to 5/3/1 196 That (1) (we) last							
	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an	it death accurred atM, fram causes and an the date stated abave.							
	220. SIGNATURE	m, individuses and all the adde stated above.							
		ATTENDING MED. STAFF							
	22c. PHYSICIAN'S M.	D. PHYS. L. DIRECTOR L. PHYS. L. S 3 6							
	NAME (Type)	Roberth mid							
_									
23	o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)							
	Cremation 5/31/67 Lee's Cr	rematorium Washington, D. C.							
2	4. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	1 5 5 FUNGEAL HOMES 8004	DATE IN A LART WAY, W. D.							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 moy be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 25M 1/67



papers. Pages 1 ona 2 hin 72 hours after deoth O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-tronsit permit. Then please remoyerathen papers. Pages I and director, page 3 should be detached for use os the buriol-tronsit permit. Then please removerant should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event. Poge 4 may be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

07024	CERTIFICATE	OF DEATH	07007
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLANO	2. USUAL RESIDENCE (Where deceased lived, a. STATE Maryland	if institution: Residence befare admission) b. COUNTY Montgomery
b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	8 Months	c. CITY OR TOWN (If autside carparate limits, Chevy Chase	write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Potomac Valley Nursin		d STREET ADDRESS 5119 Fairglen La	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF OECEASED (Type or print) LEONORA	Middle	WICKER OF OF OEATH	Manth Day Year 1967
S. SEX FEMALE WHITE WIDOWED	HE FER HUMANIA	Nov 22 1991 last bir	years IF UNDER 1 YEAR IF UNDER 24 HRS thday) Manths Days Haurs Min.
	(INO OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County & State, or foreign coun North Carolina	12. CITIZEN OF WHAT COUNTRY? U . S .
13. FATHER'S NAME Alexander MacIntosh		14. MOTHER'S MAIDEN NAME Eugenia Hancocl	¢
(Vac an arms language) ((if was aires upon as dates of consist)		NFORMANT Daughter S	Address Same as Item 2.
18. CAUSE OF DEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSEO BY:	r (a), (b), and (c).)	· (B. May	INTERVAL BETWEEN ONSET AND OEATH

18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).) Therefore, Bynaphy pressuring	ONSET AND OFAT
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause ast.	Oerelyed Afterstern.	>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	

20c. TIME OF INJURY Manth, Day, Year Haur a.m.

21. I certify that (I) (this haspital) saw the deceased alive an

20d. INJURY OCCURRED While at wark

Nat While at wark attended the deceased fram

20e. PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.)

(City ar tawn) (County)

Count

(State)

X

fram______, 1964, ta______, 1962, that (I) (we) last and that death accurred at 2.45 MM, fram causes and an the date stated above 1962, that (I) (we) last 22b. DATE SIGNED

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 5-29-67 4977 Battery Bethesda, Mar 22d. ADDRESS Lane

22 PHYSICIAN'S NAME (Type) DAUM 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 236. OATE THEREOF

5-31-67

23c. NAME OF CEMETERY OR CREMATORY Culdee Cemetery 23d. LOCATION (City or Town) Moore

(County) (State)

C.

24. FUNERAL DIRECTOR

22a. SIGNATURE

MEDICAL

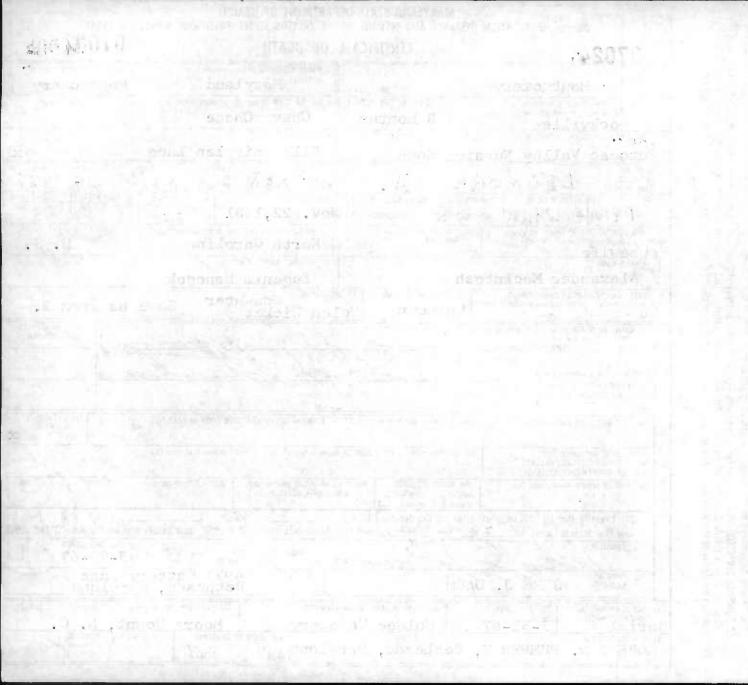
VR A15 (4) 20 M 1/66

PUMPHREY, Bethesda, Maryland

2Sa. REC'D BY REGISTRAR 1967

N. REGISTRAR'S SIGNATURE

Maryland



director, page 3 should be filed TO FUNERAL DIR

07025 CERTIFICATE OF DEATH

07008

PLACE OF DEAT O. COUNTY	Montgomer	37		2. US	ual residence STATE Mary:	(Where decea	sed lived, if institu b. COU	INITY	before odmis	
b. CITY OR TOW	N (If autside carparate limits	*	MARYLAN c. LENGTH OF STAY IN 16				ate limits, write RL			
write RURAL Bethesd	and give nearest town))	115 days		Chevy			,	11-	/
	SPITAL OR INSTITUTION (If no	t in haspital, g	ive street address)	d. ST	REET ADDRESS				e. IS RE	SIDENCE
Naval H	Tospital			3'	724 Man	or Rd				FARM?
3. NAME OF DECEASED (Type or print)	fir Lo u		Middle Laval	Will:	lams, J	4. DATE OF DEATH	Mar 5	nth		Yegr 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 1	OF BIRTH	19	9. AGE (In years	IF UNDER 1		DER 24 HRS.
Male	Cauc	WIDOWED	DIVORCED	21	Tebruar;	y 1889	last bighday)	Months	Days Hour	s Min.
during mast af wark Physici 13. FATHER'S NAM	IION (Give kind af wark done ing lite, even if retired) an retired E Williams S	1NI	ND OF BUSINESS OR DUSTRY USPHS	14. A	RTHPLACE (Coun Hampton OTHER'S MAIDER Ella Hu	, Va.			ZEN OF WHAT NTRY? OA	
	EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFORM		me Por		roce Olla a non	- 01	243
(Yes, no, or unknaw	n) (If yes give war ar dates a	service)				7.4		ress Chevy	Chase	e, Ma.
Yes Lip caller of	DEATH (Enter only one cau		8 54 6764	HALIda	K. Wil	liams	3724 Mai	nor Ru	INTERVAL 8	CTW/CCM
	DEATH WAS CAUSED BY:	Seve	re, generali	zed.	rterio	l sclei	rosis		ONSET AND	
450			20, 600202.				- 0020			
	Conditions, if any, which gave) (b) Vascular disease									
	rise to immediate cause (o), stating the underlying cause DUE TO									
last.										
PART II. OTHER	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE C	CONDITION GIVI	EN IN PART 1(a)		19. WAS AL	JTOPSY
None									YES X	NO
OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter n	ature of injury i	in Part I or Par	rt II af item 18.)			
20c. TIME OF Hour	INJURY Manth, Day, Year o.m.	20d. 1N While at wark	Not While		JURY (Hame, fa et, office bldg., e		(City ar tawn)	(Coun	ity)	(State)
21. I ce	21. I certify that (I) (this hospitol) attended the deceased from 11 January, 1967, to 6 May, 1967, that (I) (we) lost sow the deceased alive on 6 May 1967, and that death occurred of 3.50AM, from causes and on the date stated above.									
22o. SIGNATU	RE C	,00	1/21/					22b. DAT	E SIGNED	00000
K.F.	SPENCE LLI	DR USN		M.D. PH	ENDING .	MED. DIRECTOR	STAFF PHYS.] 6 M	AY 67	
22c. PHYSICIA NAME (Ty		NCE		2	d. ADDRESS Naval I	Hospita	1, Bethe	esda, M	ld.	
23a. BURIAL, CREMA			23c. NAME OF CEMETERY	OR CREMAT	ORY .	23d. LC	OCATION (City or To	own) (0	County)	(State)
XX CONOVAL SO	(g) [5-10-]	.967	Cedar Hill	ceme	terv	8	uithand	h, Mdc		
MUTUNERAL DIVE	Sph Tawler	Sous	ADDRESS		25g. RE	C'D BY REGISTI	RAR 25b. R	EGISTPAP'S SIG	NATURET	
Joseph (awler & Sons	5130	Wisconsin Av	e, WD	DATE	41 T A	1967	Charle	o Judg	V.

VR A15 (4) 25M 1/67

97025 ELL CERTIFICATE OF DEATH

1 7 7 12 12 18 .

15077-410-Treatment Tuker

The second state of the second
the second secon

an allowing the area AND THE RESERVE OF THE PARTY OF THE PARTY.

and a record of the A votally by long says mentions is abling that I to a to be the

charache interna besit crome, per vel

THE TANK OF THE RESIDENCE OF THE PARTY OF TH

. . .

THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF

Deli . The the transfer of the same of the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07026	CERTIFICATE	OF DEATH		07009
urs after death		PLACE OF OEATH O. COUNTY Montoomery	MARYLAND	2. USUAL RESIDENCE (Where dece a. STATE	b. COUNTY Jac	Kson Heid
		b. CITY OR TOWN (If outside conforate limits, write-RURA)L and give neare(1 tawn)	E LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo	rate limits, write RURAL and giv	61.3
168		d. NAME OF HOSPITAL OF INSTITUTION (If not in haspital, given the second of the second	TAL	d. STREET ADDRESS 752 Porte		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or print) Louis	Middle BEAN V	VRight OF OEAT	H 5	0ay Year 19 6 7 1 YEAR 1/F UNDER 24 HRS.
	S.	7 WIDOWED	NEVER MARRIEO 8.	DATE OF BIRTH March 23 1888	9. AGE (In years IF UNDER Months yrs.	Ooys Hours Min.
	dur	ing most of working life, even if tetired) HOUSE WITE AT	DUSTRY Home.	11. BIRTHPLACE (County & Stote, or		TIZEN OF WHAT
		Sam Bean	25111 555110771 112		isue.	W. 7 33 -1
	15. (Ye	(If yes give war or dotes af service)	26-16-5162A	oformant Sam mie daughte		Silver. Spring
		18. CAUSE OF OEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).)	atosis		ONSET AND DEATH
		Conditions, if ony, which gave (b)	Exopery	Formel Car	curomi	Justif
		stoting the underlying couse ct. (c)		***************************************		I 19. WAS AUTOPSY
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	gr. & Zen	tulvei de	fulne	19. WAS AUTOPSY PERFORMEO? YES NO
		OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or P		
	MEDICAL	Haur o.m. While p.m. 19 at wark	Nat While of facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	(City or town) (Co	unty) (State)
		21. I certify that (I) (this hospital) attend saw the deceased alive on		death occurred at	M, from sauses opt on t	
		220. SIGNATURE June	M.O	ATTENOING MED. DIRECTOR 22d. ADDRESS	STAFF -	2/67
1			ONES	809 VEI		Rock Ha
0000	1	BURIAL (REMATION, BREMOVAL (Specify) 23b. OATE THEREOF 5-6-67	23c. NAME OF CEMETERY OR C La Keward Men. ADDRESS 2557	n. Park J	LOCATION (City or Town) CC KSON M STRAR L2Sb. REGISTRAR'S	(County) (State)
6	-20	Kobent A Pamphe	ry AUC. Bett	OATE MAY 8	1967 Julian	les judge

清美元 4 5,11.22

07010

07027

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY MONT GOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE VA b. COUNTY					
b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STAFFORD					
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gi	ive street address)	d. STREET ADDRESS BOX 372 ROUTE#1 e. IS RESIDENCE on a farm? YES \(\) NO \(\)					
3. NAME OF First DECEASED (Type or print) DARYL	Middle BLAI N E	YOUNG	4. DATE Manth OF MAY	Day Year 29 1967			
S. SEX 6. COLOR OR RACE 7. MALE CAUCASIAN WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH FEB. 1, 19	Louis Initial Land	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.			
	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County of QUANT'ICO	& State, or foreign country) VA	12. CITIZEN OF WHAT			
13. FATHER'S NAME HAROLD B. YOUNG		14. MOTHER'S MAIDEN N DARLA BLA	· · · · · ·				
(Yes, no, ar unknown) (If yes give war ar dates of service)		OLD B. YOUNG	Address STAF	BOX 372 RT#1 FORD, VA.			
5610 IMMEDIATE CAUSE (a)	genital Malfor			INTERVAL BETWEEN ONSET AND DEATH			
rise to immediate cause (a), Stating the underlying cause	Incarcerated truction	Inguinal Her	rnia with bowel	•			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 18.)				
Oc. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 at wark	Nat While fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(County) (State)			
21. I certify that (I) (this hospital) attend saw the deceased alive an MAY 20	led the deceosed from	FEB. 2 , 1 t death accurred at	967 , to <u>MAY 29</u> 6 A M, fram causes an	d an the date stated above.			
220. SIGNATURE JONAHUM	- MD M.E	D. PHYS.	MED. STAFF DIRECTOR PHYS.	31 May 1967			
22c. PHYSICIAN'S NAME (Type) Albert E. Tompkir	ns	Naval Ho	ospital, Bethes				
230. BURIAL, CREMATION, BREMOVAL (Specify) 6-2-67	23c. NAME OF CEMETERY OR Greenwood M	lem. Park	23d. LOCATION (City or Tawn) New Kensingt	con, Penna.			
24. FUNERAL DIRECTOR Bethesda Mary and 57 Wiscor	asin Ave.	2Sa. REC'D	BY REGISTRAR 1967	STRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove cerban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TOST - CONTRACTOR OF THE CONTR T.S. I Was married yer, I. I. I are to second A CONTROL OF THE PARTY OF THE P DOOR WANTED TO him and inspected the bearing he. . Denote the entering and the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07028 CERTIFICATE OF DEATH ond PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND LENGTH OF STAY IN 16 outside comporate limits, write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street IS RESIDENCE ON A FARM? hin 72 3. NAME OF event wit DATE Year DECEASED 19 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS 7. MARRIED birthday) Hours Days ond in any WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ? 14. MOTHER'S MAIDEN NAME or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT mcarro po, or unknown) (If yes give war ar dotes of service cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if ony, which gove rise to immediate cause (o). DUE TO stating the underlying couse Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO SE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 5 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day, Year (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While at wark L at wark 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at saw the deceased alive an fram causes and an the date stated above. 220. SIGNATOR 22b. DATE SIGNED DIRECTOR ADDRESS

be retoined TO FUNERAL DIRECTOR: director, poge should be filed VR A15 (4) 25M 1/67

O HOSPITAL

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

funeral

filled in 1 popers.

oletely f

comple

pup

physician en please

ottending p

burial-tronsit

the

90

for

detached

pe

signed by

this certificate has been

attending |

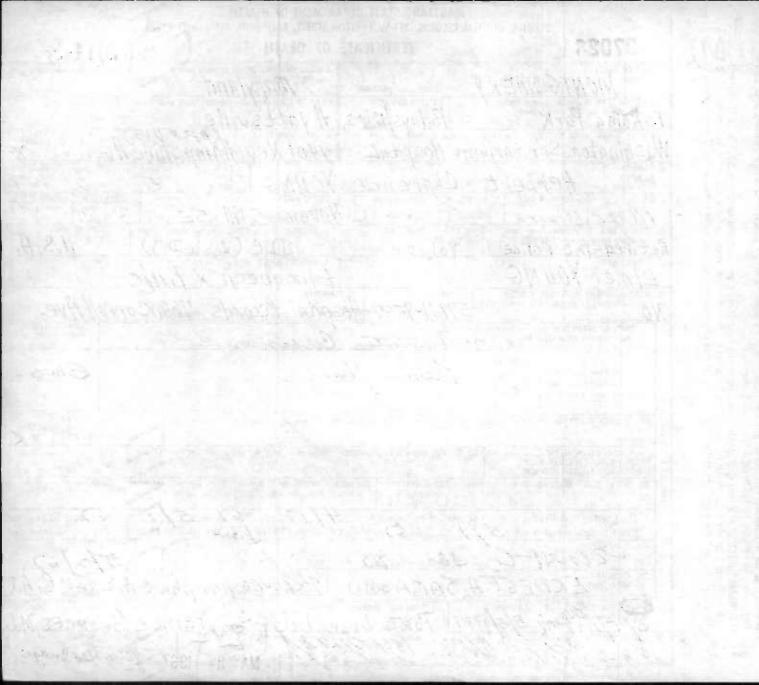
hours

23b. DATE THEREOF

NAME OF CEMETERY OR CREMATOR)

(County)

23d. LOCATION (City ar Town)



MARYLAND STATE DEPARTMENT OF HEALTH

	TA I		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR S	JATE		07029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
to to	tof th.		Montgomery Maryland M
delay ond 3 M3. Po	ment of deoth.		o. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 14 mins C. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P. 0 .	portmatter	H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS. RESIDENCE
ies 1, form	ote Deportment hours after deo		Holy Cross Hospital 33 VAIMASKA ST. VES NO X
Poges vith for	2 5		NAME OF First Middle Lost 4. DATE Month Doy Year
er d Sive	whethe within 7	5	Type or pnnr) DEATH 7 - 2 7 19
			emale White WIDOWED XX OIVORCED 34, Dec, 1892 lost birthdoy) Amonths Ooys Hours Min.
4 hours n Item 1 s Office	l ond	10o duri	USUAL OCCUPATION (Give kind of work dope in 10b. KINO OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. (ITIZEN OF WHAT COUNTRY) 13. MANAGEMENT COUNTRY 14. COUNTRY 15. COUNTRY 16. COUNTRY 17. COUNTRY 18. COUNTRY 18. COUNTRY 18. COUNTRY 19. COUNTR
in 24 cil in iner's	pages in ony		FATTHER'S NAME 14 MOTHER'S MAIDEN NAME
within 2 n pencil ii Examiner	File p and ir	L	James J. Crean Mary L. Willmott
ted al		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? Address Address Address Hafey Guneral Home Springfield. Mass.
e executed pending" in if Medical E	it permit. removal,	H	No None None Hafey Funeral Home Springfield, Mass. IB. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).
be "pe	onsit or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cloude Coronary Insufficiency ONSET AND DEATH
			Conditions, if ony, which gove) (b) Corman Qalery, Hear & Legan &
s she v			rise to immediate couse (a),
vertificate writing the rworded t	as and a		stoting the underlying couse (c) (c)
	be used as to burial, a	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEO? YES NO
NER: This certificate, hould be fo	iles. should be it, prior to	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.)
EXAMINER: ute the cer age 4 shou	our files age 3 sh agent,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of
ecute Page			21. I certify that 100k charge of the remains described above, held an Autopsy, Inspection X Inquiry X, and in my apinia
e exitor.	oined for y IRECTOR: Po designated		death resulted traps: Natural causes . Ascident ., Suicide ., Hamicide ., Undetermined manner .
MEC. please direct	÷ 0		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
_ =	RA Or		EXAMINER'S BELOEN FLOREN STREET AND MILE Address (Street Anglish or county) May 8, 1967
o DEPUTY necessory, the funera	FUNE FUNE TEOITH		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 E	~ 5 ±	24	aris-virial May 11, 1967 Calvary Cemetery Chicopee, Mass.
VR	A15ME (5)	C24	FUNDRAL DIRECTOR COLL 8434 ADORESS rgia Avenue 250 MAY BEGISTER 1967 256 MENTER SEGNATURE
	6M 1/66	Na	rner E. Pumphrey, Inc. Silver Spring, Md. OATE 1

